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ADDRESSES.

THE VALEDICTORY ADDRESS TO THE GRADUATING CLASS OF THE MEDICO-CHIRURGICAL COLLEGE.

BY JOHN V. SHOEMAKER, A.M., M.D.

ADVICE TO YOUNG MEN BEGINNING THE PRACTICE OF MEDICINE.

GUESTS, COLLEAGUES, MEMBERS OF THE GRADUATING CLASS: From time immemorial there have been certain recognized periods for the giving of advice. The first of these is when youth, of whichever sex, leaves the direct parental guidance for more or less dependence upon its own resources. The second we have reached, when a band of teachers, well named a Faculty, if their profession is not false, assumes the right through one of its members to pronounce a valedictory to a departing class of students, in which he shall briefly speak in the light of experience to those without it, who are about to enter upon the path which they must otherwise travel unguided, until, from their own experience, gained through men and books, good and evil fortune, weakness and self-restraint, they shall have reached the goal whither their moral and intellectual nature, affected by circumstances, but chiefly determined by greater or less strength of purpose, shall ever from the first have tended.

An address of this sort should be brief, under penalty of boring. In being brief, however, it cannot hold the cosmogony, even were the speaker capable of presenting it. In speaking for myself and my coadjutors of the Faculty of this institution, I do not profess to treat of more than a few points to which I think it well to call your attention in the flattering presence of this great mixed audience.

Morality is the basis of eventual success. By morality I do not mean the mere negative, outward observance of the laws of nature, but cultivation of the positive virtues which represent resistance to temptation and to the inroads of whatever tends to excess.

The poet said not truly when he wrote:—

> "Vice is a monster of so frightful mien
> As to be hated, needs but to be seen."

On the contrary, there is scarcely a vice that does not present itself in alluring form. Nor is the poet's following thought any nearer to the truth:—

> "Yet seen too oft, familiar with her face,
> We first endure, then pity, then embrace."

It is not true, because experience shows that there are none but the lowest and most depraved, unless congenitally so, who do not detest their bondage beyond all measure to be conceived of by those who have never become slaves.

Ways of pleasantness, not those of pain, are those that lead to vice, and therefore, as youth naturally seeks pleasure as the plant stretches upward toward the light, youth should seek early to distinguish the ways of pleasantness that lead to peace from those that lead to careers cut short, lives blasted, and misery sown broadcast among those innocent of harm. Medicine, as well as law and every other profession, is a jealous mistress. All professions are jealous of any pursuit except those which accept relaxation for the better continuance of life-work.

Many of you young men doubtless start on your careers thinking that such have been the discoveries, such the development of the last

few years,—especially of the last fifty,—that you have little to hope for in discovery, origination, or even in development in our science and art. And yet you have seen, within your own few years of observation, the science and art of medicine steadily progressing, and, as if by a miracle, one theory—that as to microbes—rising into prominence great enough to generate the disease of microbephobia.

There is no reason to believe, whatever the duration of the earth, that within the small portion of the universe presented to our investigation there will ever be dearth of things worthy of discovery. Now, especially, are mankind well placed for the rapid multiplication of discoveries, in having two working bases, in the law of the correlation and conservation of force, and in that of evolution, whatever final limits and qualifications may be imposed upon and assigned to the latter agency. Where could we stop if we pretend to enter upon a review of the marvels of discovery of the present age? Lose not sight of the circumstance that one great factor in this progress, never existing before, lies in the present attrition of mind with mind through the intercommunication of men over the whole surface of the globe.

I will point you to a field where much remains to be discovered and employed in the interest of humanity—electricity. Charlatanism in this branch of therapeutics is out of all proportion to the regular scientific employment of this remedial agent. For one Apostoli, how many empirics are there in the field? And even Apostoli is chiefly noted for one kind of application of electricity. I make bold to say that the next few years will bring forth wonderful advance in the knowledge and the application of this agent. I think that but few persons realize to what degree we are dependent upon electricity in our daily lives. We picture ourselves to ourselves as plunged and living in an atmospheric sea, where the changes in our feelings are ascribed to one or other direction of the wind, to more or less coincident cold, to more or less coincident dampness. All these things are true: they are proved, undeniable; but may there not be something else besides heat, light, and those other conditions, which, as much as any other one factor, may determine our health and our sensations of well- or ill-being, and may not that factor be electricity? If, as has been found in one place from actual observation, deviations from the electrical mean fine-weather potential of the year, represented by + 4, reach to ± 20 or ± 30, and, with high wind and frost, even above + 100; in thunder-storms sometimes exceeding ± 100, and (although rarely) — 200 (negative potential being usual in thunder-storms),—in what an atmosphere must we not confess that we live?

I promised brevity, so I must turn to another subject. Let me suggest to you, in passing, to some of you who may become experimenters, that an incident of your work be made to relate to the development of electrotherapy.

While Professor Jastrow has settled once for all that spiritualism has lost its hold on the credulity of mankind, the world has never before proved itself fuller of faith in it under some form or another,—faith in the existence, close contact, and communication between this and the world of spirits. Why, have we not even spiritualistic medical practice? Have we not Faith Cure, and Christian Science, and Mediumistic Medicine,—Molochs all that demand their pallid, if not their bloody victims?

Has science aught to do with acceptance or denial of these things? Spiritualists say, No. Scientific men say, Yes. Science is right. Science could have naught to say if the faiths rested on things purely spiritual. But phenomena, from the very fact that they are phenomena, are an appeal to the senses.

If the teachings were purely spiritual, George Washington might be never so contradictory in his communications, and Franklin might, as usual, drivel: science could have nothing to say about the matter. It would be one for treatment merely by common sense. But when spiritualism is presented by its devotees to the gaze of science in the guise of phenomena, science has the right to investigate those phenomena, and pronounce upon the realities behind the phenomena. If I, a grave and reverend professor, could, under severe provocation, so far forget my dignity and the respect that I owe to myself, to my colleagues, and to this institution, as to kick an obnoxious person, that would undoubtedly be a phenomena of spiritual manifestation. But, as a medical professor, psychologist, and student of anatomy, I should prefer to ascribe the action to physiological prompting and muscular ability. Now, if I had executed this feat behind a screen, from which my adversary was projected into a half-lighted room,

faith would have considered the phenomenon wholly spiritual, while in the light of day, on the street, the only mystery would be if I were not arrested. If one of the Fox sisters could, as she did about a year ago, prove that it was by cracking the joint of her big toe in times long past that her fame extended around the globe, and thousands of other spiritualistic imposters have been discovered or have revealed themselves, I may be permitted to doubt the truth of spiritualism.

The absurdity that lies at the root of spiritualism is the claim that its phenomena are not to be rigorously treated, as other phenomena are which are subjected to investigation, but are to be treated gingerly, with certain limitations as to scrutiny. Faith does not require demonstration of truth, because it has accepted as truth the thing proposed. Those who have faith, therefore, yield observation without examination of the phenomena, while to those without faith all rigid examination of the phenomena is denied. Consequently, what is the use of the phenomena, if they are unnecessary to faith, and if they are not fully open to examination by disbelief? Direct revelation, without the interposition of phenomena, would be much more satisfactory if it could only be made a little more accordant than heretofore in its utterances. We doctors, however, can rest satisfied, even if debarred from spiritualistic promptings; for we may, without vanity, be very sure that the medical advice to be at present procured on earth is rather in advance of any that could be secured from the silent majority.

Strangely allied in the popular imagination (although having no relation to it) to this increasing belief in spiritualism, which is now represented in the world by over a hundred journals, is the curiosity about hypnotism and mind-reading, separately or conjoined. Now, I have not the intention, as you may well suppose, to dispute that there is such a thing as hypnotic sleep, and that the thoughts of a waking person may be transfused into the will and action of the sleeper. Why, physiologically, should it not be possible? We have, besides, proof that thought and action are often so communicated. Neither do I dispute that there is, in a qualified sense, such a thing as mind-reading. We are all, even to babes, more or less physiognomists, and learn from the earliest age to read the language of the face. We learn even a less-developed language than this,—that of attitude and action, and even of attitude as portending action; as, witness, for a single instance, the pose of a man about to seize something from the ground to hurl at an adversary. Though he is momentarily still, his adversary sees from his attitude what is coming, and prepares to avoid it. In many ways, so subtle that they elude our immediate recognition, we are all constantly engaged in mind-reading. But, when I am informed, as a letter from London once narrated, that the hypnotist, Fletcher, left an assembly while a young man was playing the piano, and as he passed out of the hall handed a paper to a person present; and when, in four minutes, the music ceasing, despite the will of the performer, and the paper being opened, it was found to be inscribed with the figure 4; when, I say, I am informed of a thing like this, I say *collusion*. When, to a gentleman in the audience expressing his doubts, Fletcher said, "rise," and it is alleged that he could not rise, I say transparent *collusion*.

Why do I say collusion? Because I have lived long enough to deny certain things that other persons readily accept. I have heard a young lady say that she could raise a piano by making her fingers hover over it. I asked her why she ever engaged a porter. She had not thought of that. I have, in the presence of an audience, tied behind his back the hands of a celebrated mind-reader and performer, while he whispered me not to fasten them so tightly that he could not disengage them. Yet I, as a physician, do not dispute—I, as a physician, should be one of the last to dispute—that a person of strong mind and will may compel a weak-minded person to do all sorts of things. But it must be through the vehicles of sense that he acts—through no telepathy. There is no telepathy beyond hearing, eye-sight, and touch. Who shall, however, within these limits, prescribe bounds with which one strong nervous system may not influence another through mind and will? Not I, certainly.

Allow for a factor in deception, not sufficiently taken into account, the strange love of notoriety among human beings, leading the weak-minded, especially, to lend themselves to fictions for the sake of prominence, or else to actions of the greatest absurdity, if they only secure attention. Have I not seen two urchins on a gutter-side, when, finding them-

selves under observation, immediately proceed to wash each other's faces with dirty water, with no further recompense than the favor of my presence at the performance? Have not we physicians ample knowledge of the lengths to which simulation will go for the sake of mystery, and that, too, in what does not seem to be disease in the ordinary acceptation of the term? And, in the border-land between health and disease, do we not often see the cunning of hysteria, and that it is distinctly amenable to inner and outer will? But we do not happen upon the weak-minded and hysterical in an assembly of notables in London, and therefore I said, as to Fletcher's performance, *collusion*. Hypnotism, spiritualism, esoteric Buddhism, being fads in London, with much else, it is easy enough to obtain there persons representing the supply of proof for the general public demand.

What I, as your deputed honored counsellor on this occasion advise, is continuous effort in life. It will inure to your own advantage and to that of your chosen profession. I may be permitted to speak of myself so far as to prove that I do not preach what I do not myself practice. I shall not attempt to recount the many directions in which I have evidenced my faith in works. Suffice it to say that, while technically a specialist, I have ever avoided confining myself within the bounds of specialism, sure that no specialty whatever can stand solitarily and securely alone. Realizing that upon the education of the laity the success of the best practice of medicine ultimately rests, just as charlatanism conversely rests on the promotion of ignorance, it has been my aim at all times to communicate such sound information to the laity as they are capable of comprehending. The chief hold that homœopathy has is derived from ignorance of fundamental principles, and its invitation to the ignorant among the laity to play baby-house in sickness, which may begin with what is thought a trifle, but may end with death. I have in preparation now a work addressed to the laity, giving in popular form sound ideas as to all that conduces to well-being. If I intend that it shall be entitled "Health and Personal Beauty," my ulterior intention will be fully revealed when it is found from the text that I regard the art cosmetic as chiefly nature's art, and health, beauty, and mind, conjoined, as representing the highest being, conditions which, if life were ideal, would be one and indivisible.

All is not lovely in our profession. If it were, where would be the crown? There are patients who are stupid, who are weak-minded, who disobey, who neglect the *honorarium*. But no physician, I am satisfied, can be truly good unless, as well as those whom he treats, he be patient. Brillat Savarin draws a beautiful picture of an ideal practice when he says: "If I had been a graduated physician, I would, first of all, have written a good monograph on obesity. Then I would have immediately established my empire in that nook of science, and I should have had the double advantage of having for patients the healthiest people, and of being daily besieged by the lovelier portion of mankind, for to have just the right amount of plumpness, not a whit too much nor too little, is with women the study of their lives. . . . That which I have not done, some other doctor will do; and if he is at the same time skillful, discreet, and a good-looking fellow, I predict for him a marvelous success."

But, gentlemen, that does not describe the practice of medicine. It is the aspiration of an epicurean for an easy time and plenty of remuneration. As an epicurean, Brillat Savarin, who was also a man of distinguished ability, would have found the sameness too great in his proposed experiences. Variety, you will find to be, ever in labor, some refreshment to the weary worker. Expect your difficulties. It is through them men are molded. Look forward to a worthy goal. It will lessen your trials and reward your success.

In concluding my address, I deeply regret to announce to you that Prof. James Garretson, your eminent Professor of Oral Surgery, whom we all love and venerate, and who occupies a warm and dear spot in all students' hearts, retires from his active duties. His name, however, has been, and will continue to be, quoted and lauded in our college halls, as a great thinker, a skillful surgeon, and a careful and precise teacher to the future doctor of medicine. In addition to his other exacting work, Dr. Garretson has always been a decided advocate of professional progress, and has accomplished much for his profession by his choice contributions to medical and scientific literature. I therefore, in behalf of my colleagues, upon this occasion tender to our distinguished and only emeritus professor our wishes for

his future health, peace, and happiness. May his life be spared many years, and may he be enabled during his allotted time to continue to give his adopted Alma Mater his wise counsel.

Gentlemen of the graduating class, I bid you farewell. In leaving us, I trust that you will not fail to cherish in grateful remembrance your Alma Mater; that you will look back upon the time that you have spent here as having been fruitfully spent; that honor, comfort, reputation, happiness, may attend your way. When you think of us, your late preceptors, we trust that it will be with the friendliness that we feel for you. We have striven to do our duty by you; to give you, during your three years' course, the most thorough grounding for your future medical career. The rest remains with yourselves to accomplish. We cannot part with you without sadness at the thought that our pleasant daily relations with one another must now be severed. We are only consoled in looking to you to shed lustre upon this, the institution of your choice. Gentlemen of the graduating class, I bid you, in the name of my colleagues and myself, with every wish for your health and happiness, a regretful farewell.

*THE MODERN PHYSICIAN.**

By PROF. ERNEST LAPLACE, M.D.

"Medicine will be thoroughly different from what we have called it heretofore."

THESE words, delivered from the lips of Lister, form my text for this evening.

MR. PRESIDENT AND GENTLEMEN: Let me express my appreciation of the kindness by which I was asked to address you. I make this abrupt introduction advisedly, for I felt that should my humble voice, in this distinguished presence, find courage for no more than the opening sentence, I would withdraw with courtesy on my lips and grace in my heart. But, permitted to catch my second breath, let me say that I feel my personality lost in the grandeur of the cause I bespeak,—the radiant grandeur of medicine's progress,—in achieving which we trust the Medico-Chirurgical College will play an active part.

In the practice of some of the ancient universities of Continental Europe, it was the custom to award the medical graduate a ring, a barette, an open and a closed book. The ring betokened his solemn espousal to the medical profession; the barette signified his consecration as a priest to science; the open book represented the things already taught him; while the more significant closed volume was meant to typify that vaster and far more important stock of professional knowledge which it was still the purpose and business of his life to acquire.

While our colleges do not follow that ancient custom, still they award, with equal solemnity, to the safe-keeping of each of their graduates, a parchment certificate, entitling them to diagnose and treat the many ills that afflict the human race. In it is also embodied that book of unscanned knowledge which the Faculty hopes her graduates will always keep before them, learning to unravel its contents. This is the knowledge we should covet most. It will not be ephemeral; but, born in the sanctuary of our own minds, it will dwell there, treasured in its most favorable *habitat*, ever in readiness, a guiding spirit in our professional lives. It is this knowledge, based upon the results of accurate observation and experimental research, which distinguishes that notable figure among men—the modern physician.

We are bewildered, as it were, when we reflect that true scientific medicine is a modern institution; that for ages men groped their way in the dark, without daring to dissect a human subject; that the most absurd ideas as to its mechanism and construction were entertained. The edicts of Galen held undisputed sway for ages, while the only mode recognized or known to the dignitaries of Rome to avert a pestilence was in erecting a temple to Æsculapius or driving a nail in the Capitol. All the grandest discoveries have been the outgrowth of a few centuries, and this should be an incentive to push still further and penetrate still deeper into the recesses of nature, seeking her innermost haunts, and exposing to the broad light of day her most favored secrets. For Nature is a beneficent mother; she sends us not the thousand ills that torture us, but, on the contrary, if we but listen to her mystic voice, we will learn that we ourselves are our persecutors; and for a safeguard she sends us medicine's youngest and most radiant offspring,—hygiene, or the science of the prevention of disease.

The modern physician, therefore, has a still higher duty to perform than the mere administration of a medicine or of some sweet,

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oblivious antidote. It devolves upon him, as a sanitarian and a benefactor of humanity, to prevent disease and to instruct the people in the result of his observations. This fact has already been realized, and the establishment of boards of health and sanitary associations fully exhibits the interest of the people in the necessity of such institutions. For, with all the boasted knowledge of our age,—when thousands can inform you in geology, the motions of the planets, the correllation of forces, can quote or read Virgil and Homer perfectly,—there are but few who are actually acquainted with the simplest sanitary laws. In customs, habits, diet, dress, the dictates of nature are set at naught; hence, where health should exist, disease too often holds sway. This should not, ought not, be the case, and the only remedy lies in the diffusion of the proper knowledge among the masses.

The astonishing age in which we live should make the modern physician essentially a scientific man. His is the study of man "fearfully and wonderfully made." He sees that disease is but a step from health and but a step to the grave, so that unless his mind has quaffed deep draughts from the Pierian spring his efforts may be set at naught. For to-day science regenerates the world and elevates man above the pettiness of every-day existence. The geologist, diving to the very depths of the earth and studying the various strata composing it, has surely a grander idea of the formation of the world and of the eternal forces that have produced it than ever philosopher of old. The physiologist, studying the wonders of the human form, sees more beauty in the body of man than the greatest of Grecian sculptors ever dreamed of. The chemist, subjecting matter to the test of the crucible, sees forms crystallized into being by the eternal chemistry of God. Spectrum analysis promises to reveal things as yet unrecognizable; while the anatomist and pathologist, microscope in hand, wait upon Nature at her very fountain-head, and gaze, as it were, upon formative creation. Thus the names of Virchow, Pasteur, Koch, and Lister stand out in bold relief among that noble army of investigators who have placed medicine upon a truly scientific basis. Hence, the distinguishing features of our modern medical institutions should be the excellence of their practical teaching in the way of exceptional clinical and laboratory advantages. For, the senses being so many God-given avenues of knowledge and perception, it follows that knowledge, acquired by exercising the five senses at the same time, will be better assimilated and more lasting than a theory which has simply been heard in a didactic lecture.

Taking a firm stand for higher medical education, our college has strongly advocated a sound preliminary education, together with laboratory teaching; and I must say that the grateful appreciation of this still further course by the students encourages us to push our efforts in this direction, especially as regards the plain demonstration of the relation of micro-organisms to disease, or the science of bacteriology. The mine of precious knowledge covered by that name has but lately been discovered; it is the soul of hygiene, and its daily progress gives promise of great light upon hitherto unexplainable conditions of disease. To-day most diseases are known to be due to micro-organisms, or germs which develop within us, producing disturbances, both mechanically and by the resorption of poisons incident to their growth. Thus much has been learned on the nature of contagious and epidemic diseases, and later researches give promise of their successful prevention in the near future.

Surgery, under the guidance of antisepsis, has emerged from the lowest to the highest position in medicine, and her triumphs still continue.

Truly, we appreciate that the only "proper study of mankind is man," and that less attention is to be paid to mere abstractions; and, furthermore, that to the physician the possession of a solid education and sound common sense is far more important than an illogical mind crammed full of technicalities.

Finally, the modern physician must recognize more than ever the power of woman's hand in the treatment and cure of disease. She is always welcome,—in the halls of festivity as in the chamber of death; weak in body, but strong in soul,—in the midnight vigil, in the silent fight for life,—the doctor's second self. Trained in the art of nursing the sick, and possessing by nature special aptitude for works of mercy, her eyes often beam with a look of cheerfulness she cannot feel; and she throws a ray of gladness around the sufferer's couch, robbing disease of half its misery. It is a rare privilege to take a part, however humble, in

fostering that science whose only aim is to keep the rosy hues of health in every home, making life worth living. We, of the medical profession, are the active workers, but you (in whose hearts this sentiment should find a responsive echo, for disease has surely knocked at your doors, and pierced your hearts with a wound that knows no healing): it lies in your power to help us in attaining our end, by aiding our medical institutions in their efforts to give a good practical and scientific education to their students.

Hence, your philanthropic dispositions can find no nobler application than in the endowment of a laboratory or of a hospital ward, whence the fruits would spread for the relief of all your fellow men.

When the laity becomes acquainted with our work; when they realize that, as science progresses, medical education must likewise acquire a higher standard (and this can be obtained only by hospital practice and laboratory work), then will they realize that it is in their power to increase these facilities by an endowment, and become, in the widest sense, benefactors of humanity: they will have fostered science by feeding the mind, and spread charity in health and comfort to their suffering brethren.

For, next to a man's right to breathe the pure air of heaven, is a man's right to enjoy the blessings of health. To this end, the Almighty, having summed up, in man, the refinements of all creation, and breathed into this perfect mechanism a spirit like unto His, has intrusted its harmonious working and utmost preservation to us of the medical profession. He that made us all, loves us all, both rich and poor. Hence the modern physician, being, above all, a humanitarian, must spare no endeavor to procure, as far as his influence may reach, for the poorer classes, the same comforts in treatment as heaven has blessed us with. Philanthropy and charity, therefore, "earth's link to heaven," should be his predominant characteristics, though he may often meet with the sore experience that

> "God and the doctor we like adore,
> Only in danger, not before;
> The danger over, both alike are requited:
> God is forgotten, and the doctor slighted."

Thus it is, gentlemen, and more especially those among you who are about to embark upon the practice of your profession, and whom I have the honor to address as alumni for the first time this evening. Finding in you the type of the modern physician, I would see you rise, step by step, through this crowded and envious pathway to the top, where, according to Webster, there is plenty of room. Thus it will be; as you all take rank, you will remember the happy scenes of your first labors in medicine, your Alma Mater. I would see her famous by the borrowed fame of her alumni. I would see them banded firmly together, working ardently and constantly for the advancement of medical science, their own interests, and the continued welfare and prosperity of the parent college.

ORIGINAL COMMUNICATIONS.

THE ISOLATION OF PHTHISIS.

By G. M. BROWN, M.D.

FOR a considerable length of time I have been contemplating the subject of healthy people sleeping with those afflicted with phthisis pulmonalis, and am now more than ever in favor of, and advise the use of, separate and distinct sleeping-places or beds. Yes, and, further, I would, where possible, have separate rooms for those who are suffering with the disease. It has been demonstrated beyond peradventure that the lower order of animals may, and do, readily become inoculated with phthisis simply by coming in contact with the sputa or expectoration of a person afflicted with that dread disease, now quite generally conceded to be incurable, except by the patent-medicine quacks, who have more and greater desire for money than honesty. If this disease so easily reproduces itself, it is only reasonable and proper to judge and conclude that the poisonous infection and virus contained in the excrements will, in a short period of time, so completely impregnate the atmosphere of the sick room as to make the health of a person, especially one not particularly strong and powerful in the thoracic cavity, decidedly precarious. Beyond successful denial there are thousands of instances where persons occupy the same room, or, for that matter, the same bed, with a phthisical patient, and apparently received no ill effects as a result; but who can predict when the occult germs of the disease may burst into the most active life, and cause sickness and death to follow as a logical sequence? When the system is peculiarly fitted to fostering the growth of a disease of that nature: when an acute attack of "cold"

may seize the unfortunate in whom phthisical seeds have been sown, then it is this latent force comes forth from its long hiding-place, and, despite the efforts of the family physician and all his *confrères*, flourishes in the most virulent and deadly manner. It is usually assigned to a breaking down of the constitution or heredity, when the matter could no doubt be traced to the infection from a phthisical patient received months, and even years, previously.

Every physician realizes only too well the hopeless task of ever convincing the laity of the necessity of having rooms where the sick are confined arranged so that the ventilation can be complete, and, even where conviction follows the physician's plea, means are seldom at hand to accomplish the purpose; so that in the majority of instances the sick-room is an asylum of vitiated air and a hot-bed of disease, ready at all times to find a lodgment in the human system if efforts are not made to destroy its contagium and virility. Of course, it will be understood that I do not contend that immediate sickness and prostration follow inhabiting a room in the condition of the one above described, but none can fail to see how dangerous it is to continually breathe such disease-poisoned air and retain perfect and lasting health. From its very nature phthisis is one of the worst of the air-destroyers, and this makes the habitation by a healthy person of a room occupied by a patient with this disease exceedingly unpleasant and physically unsafe.

The question arises at once how the matter is to be regulated to prevent this inoculation and consequent wholesale destruction of innocents. I say wholesale, for nearly every health officer's report shows a large gain in the victims of this disease. The only practical method that now presents itself to me is for the authorities or private individuals to provide large, roomy, and home-like hospitals where phthisical patients may, to a large extent, be cared for in the most approved manner known to the profession; where ventilation, light, and temperature are perfect; and maintain complete isolation, always allowing the utmost freedom of visits from friends of the afflicted. It is not necessary, in a periodical article, to elaborate upon a plan, but I do not think anybody can successfully controvert the statements made in this article; and if this idea was followed out, I do not for a moment believe we should hear and know of so many cases of heretofore strong and healthy persons suddenly giving way to phthisis, particularly what is commonly termed "quick consumption."

The physician attending a phthisical patient should by no means allow a healthy person, unless it be the nurse (and then only for such a length of time as is necessary to administer to the wants of the patient) to occupy the same room with the unfortunate, much less the same bed. If the one already afflicted cannot be saved, it is possible to prevent others from being needlessly sacrificed by this terrible destroyer of human life, and no practicing physician can afford to ignore the situation as it really exists to-day.

Let me again disclaim the idea that phthisis is contagious the same as cholera, small-pox, and other acute or sporadic disease, for, of course, that would be illogical and far from the fact. What I wish to show is the danger arising from the germs of the disease finding lodgment in a healthy system, and, as time passes and circumstances favor the gradual development of the malady with all its attendant horrors, baffling the skill of the most learned physician, and, when firmly seated, hastening the victim to an untimely end. There may be phases of this question that will warrant farther investigation, and, as nothing but good to the profession can come from it, let every member do his whole duty in the matter. After this is done, I am sure there will be a decrease in the ravages of the disease, instead of an alarming increase in all parts of the country as is now the case.

COMPOUND POWDER OF CAMPHOR AND ITS AUTHOR.

By MINER C. HEAZON, M.D.,
HADDON, CONN.

THE following letter on compound powder of camphor is an interesting relic, and brings to mind an eccentric character who in his time was, in New England, an author and lecturer of some note. It will, at least, interest any of the older members of the profession who knew Professor Tully.

He was born in this country, at Saybrook, in 1785, and died at Springfield, Mass., in 1857. He was Professor of Materia Medica and Therapeutics in Castleton, Vt., and at Yale College.

Dr. Henry Bronson, of Yale, says of him: "He was doubtless the most learned and scientific physician in New England.

"He had a critical knowledge of words and loved them seemingly for their own sake. An elongated word was, in his mouth, 'sweetness long drawn out.' If a man had three Christian names and two titles he would repeat them all."

Some of these peculiarities are manifest in the letter.

I remember him when a student at Springfield in 1854 and '5, as I met him in consultation with my preceptor, or as a visitor to Brewer's drug-store; and he always seemed happy when he had an audience to listen to his learned disquisitions on some medical subject, generally connected with some article of the Materia Medica.

As to what he says of the value of the substitute for Dover's powder known as Tully's powder, most of those who have used it will subscribe to the truth of what he says. In New England it has nearly superseded the use of Dover's powder and is a compound of great value.

I give the letter *verbatim et literatum.*

SPRINGFIELD, MASS., Tuesday, 24th April, 1885.

DEAR SIR:—

Your letter of the 14th reached me in due time, but accidentally got mislaid till now, when, recollecting it, I have hunted it up.

My pulvis camphora compositus (compound powder of camphor), intended as a substitute for Dover's powder (commonly so called), is made in the proportion of common sulphate of oxyd of morphinum, one part; camphor (carefully pulverized by the aid of a little alcohol), very fine powder of the root of licorice, and delicately-prepared chalk, of each twenty parts, as according to the following formula, viz.:—

℞ Morphini oxydi sulphatis, . ʒj
Camphora officinarum,
Radicis liquiritier officinalis,
Calcin carbonatis mollioris
preparata, . . . āā ʒxx

Pulverize each of the articles separately, and then mix them with the most perfect equality.

Take care that the camphor is very finely pulverized. Mingle that equally with the morphine. Take care that the licorice-root is as recent as possible, not at all musty, very finely powdered. Look well, too, to the quality of the prepared chalk. But the licorice is very liable to be in the worst condition. It is difficult to mix it equally. After doing this as thoroughly as possible, I generally pass the mixture through a fine sieve two or three times, re-rubbing the last portions that do not readily go through the sieve. This mingles it more equally and insures its fineness, both of which are of great importance. It must be kept with the light excluded, as light separates the camphor and causes it to adhere to the inner surface of the phial or bottle in which it is kept. A given number of grains of it are of the same strength as a preparation of the poppy, as the officinal Dover's powder, because I deem it unsafe to have a number of preparations of this agent of different strengths (particularly in reference to small children); but, as its ingredients have a less specific gravity than those of Dover's powder, it is more bulky in proportion to its strength than that article. But this has as many advantages as inconveniences, and its ingredients are not disagreeable to the taste, unless we except the camphor, so that I would not change its strength on any account.

I consider this far preferable to Dover's powder. Before I relinquished the use of Dover's powder many years ago, I had learned by abundant comparative trial that cephalis ipecacuanha actually increased the dryness and heat of the skin in typhus. Many a time have I been called in consultation where the prescriber was using Dover's powder freely, and where there was great dryness and heat of the skin.

On abstracting the Dover's powder but continuing the same quantity of Papaver, the skin would become moist, or even sweat would break out, and the patient would be cool enough in the course of twelve, or at most, twenty-four hours. In many instances I have known the physician, after a few days, go back to his Dover's powder, which in a short time (twelve or twenty-four hours) brought back the dryness and heat again. I had opportunity to witness so many comparative trials of this sort that I finally left out the cephalis entirely from Dover's powder. I had previously left out the sulphate of potassa as not only useless, but worse,—as something injurious, as far as it went.

This led to the preparation of the compound powder of camphor, in ten grains of which, you will please to recollect, there is one-sixth

of a grain of sulphate of oxyd of morphinum and three grains and a third of camphor, these being the only medicinally active ingredients of the compounds. The licorice, however, gives it quite an agreeable flavor.

You do not give your Christian name in your letter, without which a superscription is awkward at best, and sometimes equivocal. You give initials, but they are not written plain enough for me to decipher them. I read the body of the letter with the most perfect facility.

Yours, sir, very respectfully,

WILLIAM TULLY.

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*INTUBATION OF THE LARYNX.**

By ARTHUR G. ROOT, M.D.,
ALBANY, N. Y.

FOR many years the treatment of laryngeal stenosis has presented to the medical world at large a problem both serious and perplexing. The laryngeal brush, sponge, probang, and forceps have long been in use as means of affording relief in cases where the symptoms have been sufficiently well marked to warrant operative measures. Later, we find catheterization and tracheotomy resorted to, and of late, be it said with feelings of thankfulness, we have a means put within our grasp, which is easy, safe, and effective, relieving both the stenosis and the dyspnœa and acting as the physician's friend throughout the after-administration of medicinal agents; and among the members of the profession who have made the treatment of laryngeal trouble a study, and particularly those conditions in which the presence of a pseudo-membrane is recognized, among such, I say, do we find the friends of the intubation.

As far back as eighteen hundred and fifty-eight (1858) the introduction of a tube into the larynx was resorted to, but was looked upon by practitioners in general with distrust. In fact, the teaching of that time was decidedly against such a procedure, and it is within comparatively recent time that the operation of tracheotomy has been looked upon as a proper and feasible method to pursue. Among the earliest to adopt this method and the most extensive and successful operators, such as Buchut, whose fame is world-wide as a tracheotomist, do we now find the warmest friends of intubation, and we find the above-named gentleman teaching the advantages of it in his clinical lectures; and though to many who are not familiar with the measure it may seem unphysiological, improbable, impracticable, and even ridiculous, yet there have been hundreds of cases occurring in the practice of numerous independent observers which prove most conclusively the practicability and the advantages of intubation as it has been practiced by Dr. Joseph O'Dwyer, of New York. By intubation we find the dyspnœa is usually at once relieved and as effectually as with tracheotomy. The child is in some cases aole to speak, and its whole appearance is almost instantaneously changed. The respirations are quiet, and the child soon falls into a peaceful sleep. In this operation we do away with the ugly wound made in a tracheotomy, we save time, and we also avoid the shock and other dangers and embarrassments incident to the cutting operation. There is no longer any doubt as to the fact that the larynx will tolerate a tube. The spasm and rebellion which this organ makes when a drop of water goes the "wrong way," as we say, is not witnessed in the case of the tube, for by force we have passed the tender spot,—the gauntlet, as it were, has been run,—and the tube rests quietly and without irritation or distress within the box of the larynx and trachea, and is covered by the epiglottis. When the patient is allowed to swallow liquids, we are made aware of the presence of the tube by the metallic character of the cough. What a vast improvement on the method formerly pursued by Monti, of Vienna, in cases of laryngeal troubles, his method being the introduction of a hard-rubber tube into the larynx, one end of which being allowed to protrude from the mouth of the patient. This procedure has also been made use of in cases of croup (laryngeal) by Weinlechner and Schroetter.

The famous Buchut, in eighteen hundred and fifty-eight (1858), read a paper before the Academy of Medicine of Paris, the title of which was "A New Method of Treatment of Croup by Tubing the Larynx." In condensing his paper he deduced the following conclusions: "1st. Tubage is easily accomplished without interfering with the function of the epiglottis by means of a cannula fastened upon the inferior vocal cords. 2d. The larynx will tolerate the cannula. 3d. The possibility of relieving dyspnœa in croup without recourse to

* First Prize, Inaugural Thesis, Class of '90, Albany Medical College.

tracheotomy. 4th. Tubing is of great value to the country practitioner who is far from surgical assistance. 5th. The readiness with which the membrane is expelled through the tube." This testimony, it is true, is but slightly in favor of the operation of intubation, but, nevertheless, it tends to show that a portion of the human anatomy, previously supposed and believed to be wholly intolerant of such operative measures, is not only to be reached by mechanical devices for the relief of certain troubles with safety, but also with comparative ease.

Intubation, as it is now performed, was virtually rediscovered by Dr. Joseph O'Dwyer, of New York, and this gentleman has, it seems to me, most clearly shown, by his numerous experiments and scores of cases, the priceless value of his operation in membranous croup. The operation as performed by Dr. O'Dwyer is vastly different from that of any former operation performed by Buchut. Buchut's tubes were less than an inch in length, and consisted of cylinders, narrow at one end. They did not reach into the trachea, but were allowed to rest upon the vocal cords. The tubes were removed by means of a string, which was left attached to them and brought out at the angle of the mouth. The tubes used by Dr. O'Dwyer are of metal and hard rubber, the metal tubes being heavily gold-plated. The head is somewhat elliptical in shape and slanting from the back toward the front. Below the head is a narrow, constricted portion, the neck, below which the body bulges somewhat in the centre to again taper at the lower end. They vary in size to accommodate age of child, from No. 1 for children up to 12 or 15 months, to tubes sufficiently large for an adult.

The instruments used in the introduction and extraction are sufficiently well known to make any detailed description of them superfluous. Vast improvements have been made, however, in gags, tubes, and, in fact, in all the instruments necessary. As to the selection of tube, position of patient, and manner of introducing, a few words may be said: 1st. The size of the tube to be used is determined somewhat by the size of the child, but principally by the age; after ascertaining which, the physician at once refers to his scale, and can easily decide which tube to use. 2d. After having selected the proper tube, a fine thread is passed through the small hole found in the anterior angle of the head of the tube. Care should be taken to have the string just long enough to allow a firm hold when the finger is passed through the loop, at the same time grasping the handle of the introducer. The object of the string is to facilitate the removal of the tube in the event of its having, by any chance, passed into the œsophagus instead of the larynx, or meeting detached membranes. The next step is to firmly screw the obturator on the introducer, thus preventing the tube from rotating while being introduced. The position of the patient is very important, and should be carefully noted by the operator before he commences. The best position is secured by having the child held by the nurse or some one of the family, the child sitting upon the knee, its hands being secured at its sides by means of a blanket or sheet snugly wrapped, enveloping it to the neck. As no anæsthetic is used, it is important that these preliminaries be properly attended to. The gag may now be inserted in the left angle of the mouth, as widely opened and as far back as possible. The practitioner should not attempt the operation alone if it is possible to avoid it, as it is somewhat necessary that the child's head be held by an assistant. The head should be thrown somewhat backward. The operator stands directly in front of his patient and inserts the index finger of his left hand into the child's throat (mouth). He quickly lifts the epiglottis. The introducer, on which, as we have before seen, the tube and obturator have been screwed, is held in the right hand, with the index or middle finger passed through the loop in the thread. The handle of the introducer, in the beginning of the operation, is held close to the patient's chest, but as the tube approaches the glottis and begins to descend, the handle of the introducer must be quickly raised. As the tube enters the larynx it is pushed quickly downward with but little force until it rests within the box of the larynx. In introducing the tube one must remember the anatomy of the parts involved in the operation. The tube must be carried far forward toward the anterior part of the throat, as the opening into the trachea, be it remembered, lies in front of the œsophagus. Though this fact may be remembered, the probabilities are that the practitioner, on introducing his first tube, will be surprised to see how far forward he has to carry the

point of the tube in order to reach the tracheal opening. After the tube has been successfully introduced the introducer is withdrawn; the handle of the instrument passes through the same movements as on introducing, in the reverse order. The joint in the obturator facilitates greatly the withdrawal of the instrument. As soon as the introducer has been withdrawn, and we are assured by the harsh, metallic sound of the breathing that the tube is in the larynx and the spasm of the constrictors has subsided, the thread may also be withdrawn, care being taken that the tube is not dislodged by so doing. The index finger should be kept on the head of the tube while thread is being withdrawn. After the introduction of the tube it frequently occurs that the child experiences a fit of coughing of some severity, but this is rather grateful than otherwise. Soon the patient ceases to feel the choking sensation, and, although a few moments before the child may have been pumping away on its little lungs for the air it could not get, and cyanosed to a frightful degree, it soon becomes bright and takes interest in objects about it, and is able to take something in the way of nourishment. With what joy the loving mother views the change, and what a volume of gratitude is expressed in the hand-shake of the frightened father! Inexperienced as they are and unfamiliar with pathological conditions, they at once realize and appreciate that their child has been snatched from the jaws of death in an incredibly short space of time. Up to this point in the procedure of intubation, we have accomplished as quickly and with much more ease and safety all that could be gained by tracheotomy, and are in a better position to administer the after-treatment. As to the dangers of intubation, mention will be made later on. It is important that the attempt at introduction be made quickly, as respiration is virtually suspended during the procedure. Consequently, if one fails at first attempt, do not persist, but rather remove finger and introducer and allow the child a short respite, and try again. Care should be taken to see that the operator's hands are clean and that the nail of the index finger is closely cut, so that we may avoid wounding the soft parts by that means. As to the method of removing the tube, the patient is put in much the same position as on introduction, but the head is not inclined backward, but rather slightly forward. The index finger of the left hand is passed in as before, and the extractor, held firmly in right, is passed in, guided by finger of left. When the head of tube is reached by the beak of extractor and it is fully within the hole in the tube, pressure is made upon the lever above the handle which opens the beak of the instrument, thus holding fast to the tube, which is then easily withdrawn. Care should be taken in adjusting the extractor, for if the beak be allowed to open too far, much injury is often done to the soft parts. A thumb-screw is now found upon the extractor, by means of which the separation of the beak may be controlled. If, after having introduced a tube, one finds that dyspnœa supervenes, the tube should be removed and a larger one substituted. In a case which has been intubated and in which all has gone well, the tube may be removed on the fourth or fifth day; but should the child again show signs of croup, recession of sternum, respiration growing more rapid, pulse rapid, running from 125 to 145 per minute, and face again becomes anxious and frightened, the tube should at once be replaced in the larynx, to be again removed when, and, in fact, as soon as, condition permits. This procedure may have to go on for some time before it becomes safe to allow tube to remain out. One case is cited in this article operated on by Dr. Wm. Hailes, of this city (Albany), in which he intubated and re-intubated some five or six times, the child wearing tube in all ten or twelve days. The case resulted in a complete recovery. The indications for a removal of the tube, are, namely, a stoppage of the aperture by mucus or membrane, and inability to keep the patient sufficiently well nourished, which does not often occur. The extraction of the tube is much more difficult than the introduction, from the fact that the hole in the tube is so much smaller than the aperture in the trachea, and the operator who would attempt to perform the operation of intubation without having personally experimented upon the cadaver must indeed be a bold man. If the child is a very young one, the removal of the tube may, in some instances, be facilitated by pushing the larynx upward and backward with the thumb of left hand externally. Some may attempt to introduce and extract while standing at one side of the patient, but this is a mistake. The operator should introduce instruments in the median

line, and hence should himself face the patient squarely. From what has been said we may glean two important points. Firstly, we may recognize that the tube has been properly introduced: (1) by the paroxysm of coughing, the cough being of a full, explosive character and having about it a peculiar metallic ring; (2) the dyspnœa is completely relieved and the child expectorates large quantities of mucus; (3) recession of sternum subsides and pulse and respiration grow slower. And, secondly, the indications for removal are: (1) stoppage of tube by means of membrane, and (2) to allow patient to partake of more nourishment.

I have said that mention would be made of the accidents which sometimes occur in the performance of this operation. Many of them need not occur if proper precaution is taken. In placing gag in the mouth, sometimes choking may occur by reason of the tongue dropping back into the throat. Also care should be taken in withdrawing thread in order that the tube may not be dislodged. The principal dangers in introducing are that membrane may be crowded down by the tube, or the tube may enter the œsophagus, which condition will be quickly recognized by the cough remaining croupy and the failure to improve breathing. While the tube is in its position, as has been stated, it may become clogged by membrane; this is not serious, for in such an event it can easily be removed. Cases have occurred in which the tube has been coughed up and then swallowed. A case has been reported by Dr Parker, occurring in a girl 17 years old, in which tube was passed per rectum twenty-four hours after intubation. Such cases are, however, comparatively rare. A food pneumonia may occur, caused by particles of food having entered the trachea. In extraction the principle dangers are, the tube may be forced down into the trachea (not probable with the latest O'Dwyer tube), and food may be aspirated into the bronchii, when a paroxysm of vomiting occurs while tube is being withdrawn. This difficulty may be avoided by allowing but little food to be taken directly before extraction. And, furthermore, see that the back of extractor is forced as far into the opening in the tube as possible, thus giving operator a firm hold and allowing him to extract more quickly. If tube drops into the child's mouth it may be easily picked out with the fingers or forceps. It is not the object of the writer to frighten by thus enumerating these dangerous features; but every operation is surrounded by dangers more or less grave in character, and many of the above mentioned may be easily avoided. The operation of intubation is no longer a mere experiment, but is one which has been practiced by many of our brightest men, such as O'Dwyer, of New York, Dillon, Brown, and Northrup, and is practiced largely in Chicago, Philadelphia, and New York. It has been performed in the United States alone nearly 3000 times,—in actual figures 2368 times,—and it has also been performed hundreds and even thousands of times in the old country.

The time children have worn tubes is exceedingly variable. The longest time a child has worn a tube uninterruptedly was nineteen days, the case being reported by Dr. J. A. Anderson. But there is a case reported by Dr. A. Brothers, of New York, in which the child wore tube interruptedly forty-eight days and continuously for twenty-one days. These cases together with many others show most conclusively that ulceration of the larynx from pressure of the head of the tube does not always follow, as has been claimed, and, in fact, need never occur if the tube be of proper size and shape. It is most clearly shown that the presence of the tube is no serious inconvenience to the child, from the fact that they do not complain while wearing it. The household whose peace and sanctity has been disturbed by the grim monster in whom we recognize the prince of demons, diphtheritic or membranous croup, presents to the practitioner a scene which may truly be said to summon his fortitude; and to him who has made a study of intubation and had an opportunity to test its advantages, to him, and to him alone, is known its value.

Attached to this article may be found citations of a few cases possessing interesting features. (The author was with Dr. Hailes for two years, and most of the cases cited in this paper he reports from actual observation.)

Case reported by Dr. Wm. Hailes, Jr., of Albany. Case I. Recovery. B F., female, aged 5½ years. "Case had progressed seven days before intubation was performed. Had great recession of sternum, was cyanotic, and very restless. Intubated easily, with great relief of symptoms. On second day the tube became plugged with membrane and mucus, and strangulation seemed imminent. The child

expelled the tube. The croupy respirations returned immediately. I was again summoned. Thinking we could delay with safety, I waited several hours. All urgent symptoms returned, and I was obliged to intubate to save the child's life. She immediately became comfortable; but fourteen hours later the tube was plugged with membrane and secretions and was expelled again, and so repeatedly on the fourth, fifth, and sixth days. Each time I waited until urgency of symptoms demanded intubation, the parents beseeching its performance. On the seventh day after the last expulsion she still had strenuous respiration, and continued for more than a week afterward, but not so as to demand intubation. All bad symptoms slowly disappeared and she made an excellent recovery. The interesting features of this case are the duration of stenosis during the attack and the wonderful efficiency of the tube."

Case II. Reported by Dr. Hailes. Recovery. B. A., female, 4½ years. "Complaining of croup four days. Had grown gradually more and more croupy. Grayish-white patches were on the tonsils, palate, and pharynx. The case was extremely urgent in every particular—great restlessness, and suffocation imminent. Intubation performed at once; prognosis was most unfavorable. The breathing was relieved immediately, respiration falling from 45 to 20, and patient slept with mouth closed; but continued restless and feverish for several days, when she gradually became comfortable, taking considerable interest in objects about her. At close of fifth day, when all danger seemed to have passed, the tube was removed without any trouble whatever upon the first introduction of the extractor. The difficulty in breathing returned directly, and the little girl cried out, 'Oh, doctor! put it back again. I can't breathe!' We soothed and watched her, and the temporary spasm of the glottis which had been making all the trouble passed away. She was then able to partake freely of nourishment. Result: complete recovery."

Case III. Reported by Dr. Hailes. Triple cast of larynx and trachea down to bifurcation. "Showed croupy symptoms October 22d; became rapidly worse and was intubated October 24th. Patient, female, 5½ years. She coughed up a cast of the trachea through the tube. It came up in two pieces, caused considerable dyspnœa and symptoms of strangulation. Patient did not breathe well and tube was removed by extractor. Symptoms of stenosis returned immediately, and after a few hours was re-intubated. Patient continued restless and feverish, pulse ranging from 120 to 150; temperature, 101½ to 103½; respiration, 35 to 55. Casts and albumen in urine and foul patches on tonsils, pharynx, and palate. October 25th, respiration became labored and rapid, and a second cast of trachea was coughed up through the tube. Patient was nearly asphyxiated, but succeeded in coughing up the membrane and clearing her larynx. Patient still restless and feverish: temperature, 103; respiration, 45. On Saturday, October 27th, 1 A.M., the tube again became obstructed by the third cast of the trachea. This effectually blocked up the tube and the patient became cyanotic; then the mother of the child inverted the patient, and, by means of her finger, hooked out the tube from the larynx, by getting her finger-tip under the head of the tube and starting it out of its place. The pressure of imprisoned air behind it forced it up into the pharynx, and the brave mother grasped it and flung it out upon the floor. Some stenosis of larynx still present, respiration somewhat rapid, but did not find it necessary to intubate again. The after-history of this unusual case is interesting. A severe bronchitis, catarrhal and septic, supervened, and her course toward recovery was slow, complicated by a desquamative nephritis, with casts and albumen in urine, and anasarca of both extremities. She had paralysis of the muscles of deglutition; food, both solid and fluid, came through the nose. She also had strabismus for several weeks. Almost complete aphonia was present. She finally made a very good recovery."

The following 4 cases, reported by Dr. Hailes, all of which were recoveries, occurred consecutively:—

Case I. "W. C., male, aged 3 years 2 weeks. I had intubated sister of patient some three weeks previous for diphtheritic croup. She died from sepsis on the fourth day. Owing to the death of their first child, when the second child was taken ill they sought other advice. The case progressed under their treatment in much the same way as the other one, and on the ending of the third day the consulting physician urged immediate performance of tracheotomy. A surgeon was called, but refused to operate in so intensely a septic

case, and advised intubation of the larynx. The patient grew continually worse; stenosis, recession of sternum, marked cyanosis, and imminent suffocation were present. I was called by telephone at 4 A.M., but refused to go because I considered the case hopeless. The child had been allowed to become moribund. The labored breathing had continued for thirty hours, and I feared œdema or an acute bronchial pneumonia. The parents were persistent in their demand, and I intubated. The operation was followed by immediate amelioration of all urgent symptoms. The patient progressed so well that I removed the tube on the fourth day after introduction. But the croup was still present, and after two hours' waiting I re-intubated to save life. Removed the tube on the fourth day, but was again obliged to re-insert for two days longer. Child remained croupy for two weeks, swallowed remarkably well solids, semi-solids, and fluids. Complete recovery."

Case II: "T. S., male, aged 3 years 2 months. Patient had had croupy symptoms for several days, with patches on tonsils and pharynx. There was marked stenosis and recession of sternum; intubated; after profuse expectoration the child slept for four hours without waking. This was the first good sleep he had had for several days. Temperature was 103, pulse 150. He progressed favorably, and on the fifth day I removed the tube, but was obliged to re-insert until the eighth and also to the twelfth day. The disease prevailed with severity through the whole time, nearly twelve days, and demanded the presence of tube.

"The patient made a good recovery, except that he spoke in a whisper several weeks after removal of tube, yet showing indications of returning voice."

Case III. "M. W., female, aged 3 years. Had been treated by five physicians. The croup had prevailed for three days, and, when I responded to a most urgent summons, I found the patient in a dying condition from carbonic-acid poisoning. I informed the parents that the case was a hopeless one and probably beyond human aid. The respirations were growing shorter every moment, and the patient was practically dead. The father pleaded with me to intubate, and at least save his child from suffocation. I had previously told him of the dangers of œdema, or bronchial pneumonia, which was almost sure to follow in a case so markedly neglected as this one had been. She was blue, perfectly limp, and insensible. She was held in position for intubation, but the depression of the lower jaw, from the use of the gag, was sufficient to obstruct the feeble respirations, and the patient ceased to breathe while I was in the act of intubating. I, fearing unjust censure, quickly removed the gag, laid the child in a horizontal position, used restoratives and artificial respiration. After continuous effort we succeeded in re-establishing the feeble breathing. I was making preparations to leave the house, when the father begged as before and I intubated, and left the string attached to the tube and fastened it to the child's ear. She brightened up considerably before my departure, and I returned in two hours, found her comfortable, breathing naturally. She had, however, bitten the string in two, and had thrown part of it on the floor. There was no unusual irritation in the throat, so I did not attempt to ascertain where the remainder of the string had gone. The case progressed in the usual way, and I removed the tube upon the fifth day, in the afternoon. Found several inches of the string still attached to the tube. It had probably been hanging in the œsophagus, where it had done no harm. Subsequent recovery perfect."

Case IV. "T. B., male, aged 3 years. Had diphtheritic croup for three and one-half days. Usual urgent symptoms all present. Intubated, followed by marked relief. Copious expectoration, and several hours of peaceful sleep. Partook of nourishment easily, and on the sixth day, all signs being most favorable, removed the tube and pronounced the patient convalescent."

Case V. "T. G., male, aged 3 years. Had been under care of a skillful and experienced physician for three and one-half days, but the intubation was the only safe resort. Intubated with great relief; removed tube on fifth day, croup still present. Stenosis returned, was obliged to re-intubate, but took out tube for the last time on the eighth day. Complete recovery."

Following these cases came four other recoveries, each one of which possessed many interesting and unusual features. This run of eight successive recoveries by one operator is indeed extremely remarkable, and, in fact, unprecedented.

ABSTRACTS.

OINTMENT FOR PRURITUS ANI:—

℞ Vaseline,

Olive-oil, . . .	āā 20	parts.
Lanolin, ...	20	"
Cocaine hydrochlorate, .	1.5	"
Flowers of sulphur, . .	5	"

—*Giorn. Internaz. d. Scienze mediche.*

CURIOUS BEHAVIOR OF THE ERYSIPELAS MICROBE.—M. Leroy recently made to the Biological Society a communication which may throw light upon the obscure origin of certain cases of erysipelas. It is well known that the microbe of that disease is cultivated with difficulty. Its culture in gelatin soon atrophies. Now, on December, 1887, M. Leroy prepared a gelatin tube with a pure culture of this organism. As usual it did not thrive well, and at the end of four or five weeks appeared to be entirely atrophied. But to his surprise, at the end of January, 1889,—that is, after an interval of more than a year,—the microbe, considered dead, resumed growth and gave rise to active new colonies. The tube had remained during the year at a distance from the stove, exposed only to the ordinary temperature of the room. Animals inoculated with the revived culture demonstrated its activity and virulence.—*La Gazette Médicale de Montreal*, January, 1890.

NEW VIEWS CONCERNING MENIERE'S VERTIGO AND ITS TREATMENT.—This is the subject of an essay by A. Hauser (Thèse de Paris, 1889). The author considers that this syndrome is invariably indicative of circulatory disturbance within the labyrinth. The semicircular canals should be considered as at the same time an organ of audition and of a sense of equilibration. Every lesion of that organ must involve a loss of equilibrium and a progressive weakness of hearing. Complete loss of hearing, however, restores equilibration. Degeneration of the auditory nerve suspends the reflex influence of the labyrinth upon the cerebellum. The functions of the labyrinth may be impaired, even without structural lesion, in neurotic individuals. Treatment will differ according to whether an actual lesion exists, such as hæmorrhagic or inflammatory congestion of the labyrinth or a neuro-paralytic dilatation of the blood-vessels. In the first case we should have recourse to antiphlogistic medication and revulsion. In the second, quinine should be administered with method and constancy, according to individual disposition and the duration of the case. Treatment by quinine, even in large doses, never injures the auditive faculty.—*Revue de Laryngologie, etc.*, February 15, 1890.

NECROSIS OF THE PETROUS TEMPORAL BONE WITH INFECTIOUS PNEUMONIA.—Dr. Delassus reported to the Medical Society of Lille the case of a child in whom exfoliative necrosis of the petrous portion of the temporal bone, accompanied by facial paralysis, gave rise to genuine attacks of infectious pneumonia whenever retention of pus occurred. The author attributed these attacks to the passage of pus into the Eustachian tube and thence into the bronchi. M. Desplat spoke of having seen, in the adult, grave sys emic typhoidal conditions follow purulent otitis, but at the same time jugular phlebitis was present, and it was through the venous channel that the constitution was contaminated.—*Revue de Laryngologie, etc.*, February 15, 1890.

THE RELATION OF DISEASE OF THE EAR TO GENERAL DISORDERS.—This was the subject of an interesting address by Dr. Schiffers to the Medico-Chirurgical Society of Liège. Of all the organs of special sense the ear is most frequently attacked during the course of general disorders. Scarlet fever, measles, smallpox, diphtheria, and infectious diseases in general, especially are productive of ear trouble. The aural inflammation may be primary or may be transmitted through the Eustachian tube or the external auditory meatus. Disease of the ear may be produced by affections of the heart, lungs, by Bright's disease, diabetes mellitus, tuberculosis, syphilis, and other inflammatory or infectious disorders.—*Revue de Laryngologie, etc.*, February 15, 1890.

LUPUS OF THE TONGUE.—A case of semisclerous lupus of the tongue is described by Prof. H. Leloir. The patient, a girl of 15 years, suffered from lupus vulgaris of the nose, pharynx, and larynx, with scrofulo-tuberculous affection of the submaxillary, cervical, and subclavian glands. From time to time she had attacks of the so-called white erysipelas of

the scrofulous. She had also had several attacks of pulmonary tuberculosis and of zona of the interscapular region. Upon the dorsum of the tongue were nodules of various sizes, projecting the mucous membrane, nearly round in shape, hard, and recalling the aspect of certain forms of syphilitic glossitis. Their color was rather pale. None were ulcerated, though some presented superficial yellowish erosions. Tissues of some depth separated the different groups. The hard and the soft palate were the seat of similar lesions. The lupous nature of the nodules was evinced by the following facts: The co-existence of incontestable lesions of lupus, the worthlessness of antisyphilitic treatment, the result of histological investigation, the examination of the bacilli, and the success of experimental inoculations.—*Revue de Laryngologie, etc.*, March 1, 1890.

Eczema of the Tongue.—M. Besnier lately exhibited a case of eczema marginatum of the tongue. The disease had first manifested itself four months previously by a smarting sensation during or after eating. The general surface of the tongue might be likened to a crimson cloth, while a whitish patch of nearly normal appearance extended from the centre toward the anterior third. The circumference of the organ was for the most part deprived of this coat, which was only present upon the edges of roundish spaces, the area of which it limited, leaving a smooth, more highly-colored centre with prominent papillæ. This affection has some analogy to that of the skin, which has been termed seborrhœic eczema. The treatment comprises hygiene of the mouth, emollient and alkaline baths, and attention to the digestive tract.—*Revue de Laryngologie, etc.*, March 1, 1890.

Nasal Tuberculosis. — A. Boutard has collected 27 cases of nasal tuberculosis, 5 being now reported for the first time. He describes the history of the disease, which is rare, either as a primary or secondary localization. It occurs particularly during middle life, and is slow and insidious in its origin. The diagnosis depends upon the presence of increased sanguinolent and crustaceous secretion, and, above all, of evidence of an old generalized tuberculosis. It gradually spreads, but, as it is ordinarily situated in the anterior part of the nasal chamber, it does not invade the entire pituitary membrane. The lesions assume an ulcerated, a vegetative, or a mixed form, and the three often co-exist. M. Boutard details the diagnostic points between this affection and scrofula, lupus, syphilis, and various tumors of the nasal passages. The primitive and localized form appears curable if the disease be removed, together with a large portion of surrounding healthy tissue.—*Revue de Laryngologie, etc.*, March 1, 1890.

Graves' Disease.—Professor Charcot lately exhibited an emaciated and debilitated man whose attack developed in consequence of mental troubles. It began with tremors which affected rhythmically all the muscles of the body. This tremor closely resembled the shiver produced by cold.

The action of the heart was rapid, from 120 to 130, and the temperature stood at 37° or 38° C. (98.6° or 100.4° F.). There was exophthalmus but no goitre, abundant sweats (resembling those of phthisis), and (again a resemblance to phthisis) a copious diarrhœa.

The patient stated that on several occasions he had fallen while walking. There had been neither vertigo nor loss of consciousness. It had happened with him, as it does sometimes with tabetic individuals, that his limbs had given way beneath the weight of his body. The fulgurant pains of the tabes were absent, however. M. Charcot considered these falls to indicate the beginning of a paralysis special to Graves' disease. The reflexes are weak, the paraplegia slight: there occurs, in fact, a sort of paresis of the lower limbs.

The professor also brought forward a woman suffering with Graves' disease, and demonstrated how readily this malady might be mistaken for tuberculosis. In both we certainly find elevated temperature and sweats, and perhaps cough. This increased temperature is, in Graves' disease, constant. Nevertheless, tuberculosis does not develop.

The second patient had also had attacks of weakness of the lower limbs.

In reference to a young woman, the subject at the same time of goitre and hysteria, the professor drew attention to the close connection and frequent coincidence of these two neuroses.

The symptoms in sequence of Graves' disease may be easily drawn up in the form of a table, as follows:—

FIRST ORDER—CARDINAL SYMPTOMS.

Rapid cardiac action, goitre, exophthalmus, tremor.

SECOND ORDER—SECONDARY SYMPTOMS.

(*a*) *Digestive.*—Vomiting, diarrhœa, boulimia, jaundice.

(*b*) *Respiratory.*—Cough, rapid respiration, symptoms of angina pectoris.

(*c*) *Motor.*—Paralysis, signs of Graefe, impossibility of convergence (Mobius), convulsions, epileptiform attacks.

(*d*) *Psychic.*—Peculiar mental condition.

(*e*) *Cutaneous.*—Urticaria, pigmentation, vitiligo, sweats, heats, diminished electrical resistance.

(*f*) *Urinary.*—Polyuria, albuminuria, glycosuria.

(*g*) *Genital.*—Impotence, menstrual difficulty.

(*h*) *General.*—Profound anæmia, cachexia, final asystolic œdema.—*La Gazette Médicale de Montréal,* February, 1890.

GASTRIC CRISES OF TABES.—In spite of the numerous descriptions given of this special manifestation of tabes, there are still many physicians who fail to recognize its significance when unconnected with other symptoms, or when it occurs in the beginning of disease. Gull, in 1858, had perceived the connection between gastric crises and certain special affections, while any relationship betweem them was denied by Duchenne, of Boulogne. Professor Charcot states that gastric crises may occur ten or even fifteen years before the patient becomes ataxic. There is almost always vomiting of food, and in rare instances coffee-ground vomiting, but a glairy vomit, rich in hydrochloric acid, is the rule. The patient is, during these attacks, in a peculiar condition,—drowsy, inert, cold, and the features are drawn as in cholera. Suddenly this state disappears as if by enchantment. Severe pain is abruptly succeeded by a happy sense of relief, and the patient who but lately could not tolerate a spoonful of water can partake voraciously of viands which the stomach again finds itself able to digest. Periodicity of return is usual in these gastric attacks. They are accompanied by laryngeal and vesical crises. Sometimes the vomiting is unattended by pain. Sometimes vomiting does not occur. All these symptoms have their origin in lesions of the pneumogastric or glosso pharyngeal nerve.

The diagnosis is assisted by the concurrence of laryngeal crises or vertigoes, with or without epileptiform or apoplectiform convulsions.—*La Gazette Médicale de Montréal,* February, 1890.

DR. BARTHELEMY ON ACNE.—The co-existence of digestive troubles with acne has often been noticed by dermatologists, and many have seen in it a relation of cause and effect. M. Barthélemy has endeavored to trace the exact etiological connection, and, supported by the researches of Bouchard, to demonstrate the predominant rôle which dilatation of the stomach plays in the development and maintenance of the acne eruption.

According to the author, the presence of acne upon the face or breast should immediately lead the physician to this double conclusion: (1) that there exists habitually dyspepsia with dilatation of the stomach; (2) that only by treatment of the digestive troubles can the cutaneous malady be mastered.

Of 169 cases of acne studied within the period of five years, Barthélemy has in 165 determined the existence of splashing (clapotage), an important sign of dilatation of the stomach.

But dyspepsia does not produce acne directly; it causes at first an exaggerated secretion from the sebaceous glands,—a seborrhœa,—which always precedes the appearance of the first acne papules. This seborrhœa is permanent, while the attacks of acne are intermittent. It is the direct consequence of the ill elaboration of aliments in the stomach. There is no seborrhœa without digestive trouble, as there is no acne without preceding seborrhœa.

The oily, seborrhœic skin becomes an excellent culture medium for the acne-germ—we may suppose that there exists such a germ—deposited from without. The germ only produces a papule. Acne, pure and simple, is always papular. It is by the co-operation of other germs, most often the staphylococcus albus, according to Gibert, that acne becomes pustular, nodular, phlegmonous, etc.

When once the acne-germs become attached to the skin, they take up their abode for good and for all; they may long remain latent, awaiting a favorable opportunity to multiply. They propagate themselves by contiguity, from one sebaceous gland to another. They may be transmitted from one patient to another when they meet with a seborrhœic soil. Barthélemy sums up the etiology of acne in the following

phrase: the interior prepares the soil, from the exterior comes the seed. The treatment which follows from this etiology may be summed up in two indications: gastro-intestinal antisepsis, in order to render the organism insusceptible by sterilizing the culture medium; cutaneous antisepsis, in order to combat the activity of the acne-germs.

Barthélemy meets the first indication with light purgatives and absorbent and antiseptic powders, naphthol, prepared chalk, cream of tartar, calcined magnesia. For the second indication he advises carbolized and sulphurated pastes, paints of camphorated naphthol, or atomization with ether holding in saturated solution camphorated tannin, salicylic acid, or even iodoform. Fine points of heated wire may be used to destroy tubercular acne, and, later, carbolized atomization, slightly salicylated pomades, or a mixture of vaselin, lanolin, pure starch, and oxide of zinc. Surgical procedures, as punctures, incisions, scraping, drainage, etc., are reserved for exceptionally rebellious cases.—*La Gazette Médicale de Montréal*, February, 1890.

THERAPEUTIC NOTES.

Continuation of prescriptions used by Dr. John V. Shoemaker, at the clinic for skin diseases at the Medico-Chirurgical Hospital of Philadelphia.

FURUNCULUS-BOIL.

Take of Oleresin of capsicum, . 3 grains.
Extract of ignatia, . . 2 "
Pyrophosphate of iron, . 1 drachm.
Mix and divide into 30 pills.
Dose: One pill three or four times a day.

Take of Fluid extract of hops, . . 4 ounces.
Fluid extract of malt, . . 4 "
Mix. Dose: From ½ to 1 tablespoonful in water three or four times a day.

Take of Tinct. of prickly-ash bark, 6 ounces.
Tincture of nux vomica, . ½ drachm.
Tincture of capsicum, . 1 "
Mix. Dose: Two teaspoonfuls in water three times a day.

Take of Sulphate of cinchonidine, . 16 grains.
Extract of prickly-ash bark, . 16 "
Extract of burdock-root, . 16 "
Mix and divide into 16 pills.
Dose: Two pills three times daily.

HERPES.

Take of Aloin, ... 2 grains.
Extract of belladonna, . 2 "
Extract of ignatia, . . 2 "
Extract of poke-root, . . 20 "
Mix and divide into 20 pills.
Dose: One pill three times a day.

Take of Fluid extract of golden seal, . 1 ounce.
Tincture of coca, . . 3 ounces.
Mix. Directions: From one to two teaspoonfuls in water three to four times a day.

Take of Ferrocyanide of iron, . 16 grains.
Extract of coca, . . . 16 "
Extract of nux vomica, . 2 "
Mix and divide into 16 pills.
Dose: One pill three times a day.

Take of Pure pepsin, . . . 1 drachm.
Subnitrate of bismuth, . 1 "
Oil of cinnamon, . . 5 drops.
Mix and divide into 12 powders.
Dose: One powder after meal.

HERPES ZOSTER—SHINGLES.

Take of Sulphate of atropine, . . $\frac{1}{80}$ grain.
Sulphate of morphine, . ¼ "
Mix. Dose: Inject hypodermically at once, for the relief of pain, into the subcutaneous cellular or muscular tissue.

Take of Comp. ipecacuanha powder, 24 grains.
Sulphate of quinine, . . 24 "
Mix and divide into 12 capsules.
Dose: One capsule every two or three hours until relieved of pain.

Take of Syrup of lactucarium, . 2 ounces.
Syrup of lupulin, . . 2 "
Sulphate of morphine, . 1 grain.
Fluid ext. cannabis Indica, 1 drachm.
Mix. Dose: Two teaspoonfuls in water every hour or two until relieved of pain.

HYPERIDROSIS—EXCESSIVE PERSPIRATION.

Take of Phosphate of hydrastin, . 1 grain.
Protocarbonate of iron, . 40 grains.
Arsenious acid, . . . 1 grain.
Mix and divide into 20 pills.
Dose: One pill three times a day.

Take of Agaricin, ... 1 grain.
Sulphate of cinchonidine, . 50 grains.
Mix and divide into 24 pills.
Dose: One pill three to four times a day.

Take of Aromatic sulphuric acid, 4 fl.drachms.
Tincture of nux vomica, 1 drachm.
Comp. syr. of sarsaparilla, 6 ounces.
Mix. Dose: Two teaspoonfuls in water three times a day.

NAREGAMIA.

Dr. Schoengut states in the Centralblätt für Thérapie that a new expectorant, the tincture of naregamia, has been tried in the clinic of Professor Drasche, of Vienna, in 24 cases. The drug was used in doses of from 1 to 3 grammes daily, according to the following formula:—

℞ Tinct. naregemiæ, . 1.0 to 3.0 grammes.
Laurel-water, . . 10 to 20 grammes.
D. S.: Ten drops at every hour.

The tinctura naregamiæ is derived from a plant which is found in Goa, the so-called "Naregamia alta." The drug has proved useful as an expectorant, particularly in those cases in which there was much coughing with little secretion, or when expectoration was made difficult by thick, tenacious mucus. In cardiac cases, in two of which the heart was fatty, complicated with catarrh of the air-passages, the tincture of naregamia proved very efficacious. This was likewise true of pulmonary emphysema, and only in the case of a woman suffering from marasmus, and who had been subject to dyspepsia, vomiting occurred on each occasion, even after small doses. In cases of tuberculosis, expectoration was occasionally facilitated. In pneumonia the drug was used in the stage of resolution with copious crepitant râles; it was well borne, and favored expectoration. The drug had no effect on the circulation, the digestion, or the urinary secretion, and no toxic symptoms were observed.—*British Medical Journal.*

CAFFEINE.

Drs. Sée and Lapicque have made some valuable researches on the action of caffeine, the results being published in the Bulletin de l'Académie de Médecine. They find that, when given in small doses, the drug facilitates muscular labor by increasing the activity not of the muscle itself, but of the corresponding cerebro-spinal centre. This diminishes sensation of effort and keeps off fatigue. The drug certainly prevents, for a time, labored breathing and palpitations due to effort. It is a mistake to suppose that it checks waste. There is no such thing as effort and action without corresponding waste; indeed, the one implies the other. More correctly, caffeine allows more exertion through a kind of physiological usury. The ingestion of aliment allows of a certain amount of exertion, but fatigue always comes on before all the assimilated products of digestion are used up. Thus a reserve is left. Caffeine uses up more or less of that reserve. Hence, the drug is only of temporary benefit. When employed for too long a time, especially when no fresh food is at hand to make up for waste and to afford more reserves, caffeine is, as might be supposed, actually noxious.—*Ibid.*

ENURESIS.

℞ Atropiæ sulphatis, . . gr. j.
Tinct. aurantii, . . . ʒj.
Aquæ, ... ʒj.
S. et M.

Dose: One drop for each year. Administer it every hour in the late afternoon, or until the pupil is dilated at bed-time, and give a dose or two during the night should the pupil begin to contract.—Dr. Edmund Orsler in *Provincial Medical Journal*, Halifax, England.

TANNATE OF MERCURY IN SYPHILIS.

Dr. Petrini, of Glatz, having carried out a long series of observations on the suitability of tannate of mercury in the treatment of syphilis, reports that he is well satisfied with the results obtained, the action of this preparation being more decided than that of any other mercurial, and very rarely accompanied by stomatitis or other unpleasant evidences of mercurialism. It has been found that elimination takes place mainly in the saliva, and only to a small extent in the urine. In cases where, for a lengthened period, 3 grains per diem were given, and where the urine contained 0.00034 per cent. of mercury, not the slightest sign of the mouth being affected was observed. A pill containing ⅔ grain of tannate of mercury, made up with extract of gentian, is ordered once a day with a meal; after ten days or a fortnight the dose is doubled. In this way the patient is treated for twenty-five or thirty days, until the symptoms of the disease have passed off.—*London Lancet.*

ANTISEPTIC TREATMENT OF GASTRO-ENTERITIS.

A writer in the Revue Générale de Clinique et de Thérapeutique, January 23, 1890, advises creolin in the treatment of gastro-enteritis, and prescribes it as follows:—

℞ Creolin, . . . 8 minims.
Pulverized sugar, . 75 grains.
Mix, and divide into 10 powders, one of which may be given every two or three hours.

Or,

℞ Creolin, . . . 1 to 2 drops.
Syrup, . . . 1 ounce.
Peppermint-water, . 2 ounces.—M.

Of this a teaspoonful may be given every one or two hours.

Asepsis of the lower bowel may be secured by enemata of 1 ounce of sodium benzoate in 1 quart of water; boric acid, 1 to 5 drachms; sodium salicylate in the same quantities; or resorcin, 7 grains in a quart of water. Enemata of equal parts of lime-water and distilled water may be used for the same purpose.—*Medical News.*

℞ Chloralamid., ... fʒiv.
Spts. frumenti, . . . fʒiij.
Elix. auranti, . q. s. β ad ʒiv.
M. Sig.: Take 1 tablespoonful in water every four or six hours as directed.—DR. JOHN AULDE.

ORAL, LINGUAL, AND PHARYNGEAL LESIONS.

℞ Ac. carbol., ... gr. x.
Iodinii resub., . . . gr. v.
Menthol., ... gr. x.
Ol. eucalypti, . . . ʒij.
Glycerite tann., . . . ʒij.
Boro-glyceride, . q. s. ad ʒj.
M. Sig.: Apply with a brush.

Alopecia is very greatly benefited by the following:—

℞ Hydrarg. bichlor., . . gr. xvj.
Tr. canthar., . . . ʒiv.
Tr. capsici, . . . ʒij.
Glycerinæ, . . . ʒij.
Ol. ricini, ... ʒj.
Sp. colognensis, q. s. ad ʒviij.
M. ft. lotion.
Sig.: Rub in scalp night and morning,

℞ Hydrarg. biniodidi, . . gr. xx.
Ol. verbenæ, . . . ♏x.
Vaselinæ, ... ʒij.
M. Sig.: Rub well into the scalp at bed-time.

PAPAIN IN DIPHTHERIA.

Dr. John B. Richardson, of Louisville, Ky., recommends in "Notes on New Remedies:"—

℞ Papain, ... ʒij.
Hydronaphtol., . . . gr. iij.
Acid. hydrochlor. dil., . . gtt. xv.
Aq. destil., . . . ad ʒiv.
M. ft. sol.
Sig.: Use carefully and thoroughly, by means of hand-atomizer, every half-hour on throat, and through nostrils on posterior nares and pharynx, if deposit extends to these localities. It truly and rapidly dissolves the membrane.

THE LOCAL TREATMENT OF SYPHILITIC PHENOMENA.

Dr. G. Frank Lydston, of Chicago, thus relates the local treatment of syphilis in the Western Medical Reporter:—

Chancre.

℞ Mentholis, ... gr. v.
Iodoformi, ... ʒiv.
Cetacei alb., . . . ʒij.
Cerati, . . . q.s. ad ʒj.
M. Sig.: Apply on lint.

℞ Ol. mirbane, ... ♏iv.
Bals. Peru, ... ʒij.
Iodoformi, ... ʒij.
Vaselinæ, . . q. s. ad ʒj.—M.

℞ Bismuthi subnit., . . . ʒij.
Ac. salicyl., ... gr. v.
Zinci oleat., . . q. s. ad ʒj.—M.

Papules, Tubercules, and Squama.

℞ Hydrarg. bichlor., . . gr. v–xx.
Collodionis, . . . ʒj.
M. Sig.: Apply with a hair-pencil.

℞ Hydrarg. bichlor., . . gr. v.
Tr. benzion co., . . . ʒj.
M. Sig.: Apply.

EMMENAGOGUE PILLS.

℞ Pulverized valerian,
" safron, . āā 2 grammes.
Black deutoxide of iron, 4 "
Syrup of armoise and pulv. gum, q. s.

Make 40 pills. One pill after each meal, to be increased to 2 or more.—*Gazette de Gynecologie; Times and Register.*

HÆMORRHOIDS (KOSSOBUTSKY).

℞ Chrysaroline, . . 0 gramme, 8.
Iodoform, . . . 0 " 3.
Extract of belladonna, 0 " 6.
Vaseline, . . . 25 "
M. Sig.: Apply.

In the case of internal hæmorrhoids he uses the following suppositories:—

℞ Chrysaroline, . . 0 gramme, .08.
Iodoform, . . 0 " .02.
Extract of belladonna, 0 " .01.
Cacao-butter, . . 2 "
Glycerin, . . . q. s.—M.

Make suppositories.

If hæmorrhage is profuse tannin is added. Thanks to this treatment, the author has seen the most intense pains and hæmorrhages disappear in three or four-days, and the trouble itself almost completely in three or four months. —*Revue de Thérapeutique; Médico-Chirurgicale; ibid.*

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THE PROPHYLAXSIS OF TUBERCULOSIS.

So wide-spread and so fatal a process as tuberculosis demands the most unremitting study. Coincident with the scientific development of modern pathology we find that the origin and anatomy of tubercle, the relation between tuberculosis and scrofulosis, and the heredity of the former,—its etiology, infectiousness, and contagiousness, its treatment and prophylaxsis,—have engaged the attention of the most philosophical minds in the profession. The infection, though long suspected or maintained, was first practically demonstrated by Villemin in 1865. Its rational explanation depended upon Koch's discovery, in 1882, of the bacillus tuberculosis. This discovery, while it confirmed and explained many exact clinical observations, led gradually and inevitably to an extensive modification of formerly prevalent theories. The histology of tubercle and the presence of cheesy degeneration yielded in diagnostic importance to the detection of the bacillus tuberculosis. At the same time, the fact that tubercular disease must be conceded as of infectious character gave a fresh and powerful impulse to the study of tuberculosis in particular and infection in general.

Tubercle being originated by a specific micro-organism, some of the questions which next arose concerned the routes by which this organism entered the system, the manner of its dissemination, our power of combating its activity, and of strengthening the tissues and the system against its attack. But a considerable change has taken place in our ideas of the influence of hereditary predisposition.

The prophylaxsis of consumption, both as regards individuals and society, has lately been the subject of a prolonged, interesting, and, toward its close, rather acrimonious discussion in the French Academy of Medicine, for reports of which we are indebted to our contemporaries, La Tribune Médicale, Le Progrès Médical, and Le Bulletin Médical. The debate arose upon the report of a committee concerning the advisability of issuing instructions to the general public upon the prevention of consumption and the reality and the extent of its contagion. Many interesting facts were brought forward and our current knowledge upon the subject was broadly reviewed, although nothing positively new was advanced. M. Germain Sée appeared skeptical as to the value of prophylactic measures, pointing to the fact that for many years, in Naples and Portugal, the law had strictly required the report by the physician of cases of phthisis; that the linen and bed-clothing of a person dying of consumption should be burned; that his room should be thoroughly cleansed and disinfected, and that the house should be registered. Yet, in spite of all precautions, no diminution was observed in the number of cases. The speaker also denied transmission of the disease by the atmosphere. His phraseology, however, is misleading, since he employs the term atmospheric contagion in a peculiar sense. His assertion is, in fact, that the atmosphere does not transmit germs which have been exhaled from the diseased lung, for M. Strauss has demonstrated that the air expired by a patient suffering from pulmonary consumption is remarkably free from microbes. This, however, cannot be the usual sense in which the term would be understood. What is meant is that the bacilli are, or may be, conveyed by the air to the site upon which they fix—in most cases, the lung. The usual source of infection is sputum ejected from tubercular lungs, dried, pulverized, and brought by the air into contact with a surface fit for its development. Upon this point there is no dispute. Dried pus from tubercular glands, joints, or bones may likewise act as a vehicle of contagion. It has been ascertained by MM. Schill and Fischer that the bacilli tuberculosis retain their virulence for 43 days in moist putrefying sputum, but for 186 days when the sputum is dried in the air. M. Vidal reported the fact that tuberculosis, formerly almost unknown, has appeared in

Algeria since the occupation of that country by the French. M. Trelat believes fully in the contagion of tuberculosis.

As for heredity, it can only occur in one of three ways: The direct transmission of the causative bacillus from the mother to the fœtus; that is, direct heredity, does occur, but so rarely that it may be thrown out of consideration. The second hypothesis, that an infant may enter the world the carrier of the bacillus, which has been produced by a sort of spontaneous generation, is manifestly absurd. A third supposition is that a child may be born predisposed to form a culture medium for the bacillus tuberculosis. But what are the distinctive signs of this predisposition? When tuberculosis appears hereditary, it is only because the source of infection escapes our search. In some cases the disease develops very rapidly, but in others its manifestation is wonderfully delayed. A case of local tuberculosis, situated over the great trochanter, had fallen under his observation, which had occupied thirty years in its development. To M. Lancereaux it appeared that, in order to contend successfully against the propagation of pulmonary phthisis, we must acquaint ourselves with the efficient and determinate predisposing causes of the disease. Although the bacillus is the exciting cause, it is not, he thinks, the only factor in the production of the malady. Predisposing causes also play an important part. He ranked as most important among these, environment, imperfect aëration, and the abuse of alcoholic beverages. The habits of civilized life, especially in large cities, predispose to tuberculosis, which is emphatically a disease of civilization. It would appear to have been unknown among the Indians prior to the discovery of America, and the same is true of other wild tribes. In prisons consumption is the most frequent cause of mortality. It is prevalent, also, among soldiers living in barracks. Again, those accustomed to an ample supply of air soon become tubercular when this supply is suddenly diminished. Of 600 Arabs sent from Algeria to prison at Nîmes more than 250 died of consumption within a very short period. The monkeys of our zoological gardens also furnish numerous victims. Phthisis is relatively frequent among young people, especially young women who come from the country to live in great cities. Of 2000 cases observed in the hospitals of Paris during the last thirty years 1122 had pursued sedentary employments, had labored in small workshops, or had slept in small, ill-ventilated bed-rooms. Having ever since 1869 made special inquiry of his patients, M. Lancereaux has been led to doubt, not the fact, but the frequency of the origin of phthisis by contagion. Tubercular disease is common among those employed in wine-houses. The comparatively frequent coincidence of tuberculosis and cirrhosis of the liver is also suggestive.

M. Jaccoud delivered a masterly address, tracing the development of opinion during the last ten years. In December, 1880, sixteen months before Koch announced his discovery, the speaker had demonstrated in his lectures the transmissibility of tuberculosis by inoculation, inhalation of particles derived from the sputum, and ingestion of the milk of tuberculous cows. Based upon these views he promulgated a rigid system of prophylactic measures. The permanent presence of a disinfecting fluid in the spit-boxes used by consumptives, separate beds and bed-chambers for man and wife when one of them is tubercular, the scrupulous removal of infants from infected rooms, and the careful examination of cows' milk, are, in brief, the means recommended by M. Jaccoud. The researches of Languer have proven that the presence of a number of consumptives in the general wards of a hospital endangers the condition of patients suffering from other affections. Cases of typhoid fever, and pneumonia in particular, should be separated from those of phthisis. Clinical observation had already convinced M. Jaccoud of the connection existent between the bacillary infection and an old pneumonia or broncho-pneumonia, in which the germ finds a soil prepared for its development. It follows, consequently, that patients affected with non-tubercular broncho-pulmonary lesions should be religiously kept apart from cases of tuberculosis. The same remark applies to laryngitis and pleurisy. Cornet, whose latest work was published in 1889, concludes that there can be no question as to the ubiquity of the bacilli tuberculosis and of the constantly present danger of infection. The atmosphere is the carrier, since only through

it does connection exist between the lung and the external world. "It is the air which introduces and disposes within us our hostile guests, for there can remain no doubt that the commonest form of tuberculosis, consumption of the lungs, is due to the inhalation of bacilli." In fine, the facts relative to the different modes in which bacilli may be transported are to day so well known that it is simply necessary to state them without being obliged incessantly to furnish proofs. For this reason the speaker was opposed to a formal deliverance on the subject by the French Academy. Upon this point, which appears to us so well taken, a wordy war was waged, which concerns us not at all in this country. Finally, it was agreed that the spit-boxes of consumptives should always contain water, that all spit-soiled linen should be boiled, or even burned, and that no carpet or drapery should be allowed in the bed-room. As a witty French commentator observes, the issue of the long and memorable discussion may be summed up in the homely phrase: Keep water in the spit-box. The text of the conclusions to which the Academy arrived read as follows: 1. Tuberculosis is a parasitic and contagious disease; the microbe which is the source of the contagion exists especially in the dust derived from the desiccated sputum of consumptives or from the pus of tuberculous lesions. The surest mode of preventing contagion consists, therefore, in destroying this sputum and this pus, before it has dried, by water or by fire. 2. The parasite is also sometimes found in the milk of tuberculous cows. It is, therefore, prudent never to use milk which has not been boiled. 3. The Academy calls the attention of the proper authorities to the danger which consumptives give rise to in large assemblages, such as academies, barracks, large government offices, or workshops.

It was decided that no code of popular instructions should be published.

THE STUDY OF CHEMISTRY IN MEDICAL SCHOOLS.

WE are convinced that chemistry is entitled to and should occupy a very much higher place in the scheme of medical instruction in the United States than it does at present. If pressed, we should, perhaps, be compelled to admit that neglect of chemistry is the weakest point of our system. Whether the matriculate should be able to read Homer or Virgil, Hippocrates or Galen, in the original, is open to serious question. It is no longer an advantage to the young aspirant to be found, as Radcliffe found Mead, reading Hippocrates in the Greek early in the morning. The great John Hunter wrote: "Jesse Foot accuses me of not understanding the dead languages, but I could teach him that on the living body which he never knew in any language, dead or living." A man may never have known the year in which Justinian died and yet may be a very competent, or even learned, physician.

Many of our students are imperfectly educated in medicine, not so much because they have not received efficient instruction as because they have not been able to profit by that instruction. The universality of an admirable Crichton is given to but few, yet the faithful, earnest, and concentrated study of any art or science develops intellectual power and breadth, and becomes of more worth to the world than a mass of general, inexact information upon a varied range of subjects. Michael Faraday, blacksmith's son and bookbinder's apprentice, knew but little of history and literature, probably, when he was first taken to hear Sir Humphry Davy lecture, and might have failed in a very simple preliminary examination; yet what a brilliant genius had that poor young man for chemistry and physics! We mention Faraday as a type of the highest order of the scientific mind.

The subject of education bristles with vexed questions. We may, surely, however, take this much for granted when considering the training of a youth for a special pursuit: that whatever else he knows or does not know, he should at least have a firm grasp of the fundamental principles connected with that pursuit. Now, as an intellectual pursuit, the study of medicine must certainly be esteemed one of the highest and most difficult, because it deals with life—with the very secret springs of physical life. Life as an abstraction we can never understand, but life is so much more than an abstraction, namely, an actuality. But life as action is

more accurately understood through the study of the human body as an agent. Biology concerns itself not with abstruse and empty speculations regarding the nature of life, but wisely seeks to know the conditions under which life is manifest, and the material structures with which, as far as our experience goes, it is indissolubly connected. The mere form of these structures—the physical configuration and appearance which distinguish one from the other—is at once apparent through the sense of sight. But the moment we begin to ask, why this difference of form, of color, of consistence? we raise problems which only chemistry may answer. Chemistry is not yet able to answer them fully,—we suppose that chemistry will never be able to answer them fully,—yet such are the questions with which the physician is most intimately concerned. Now, how far the chemist has been able to answer these questions the physician should know, but how understand the answer if he know not the language? Such answers must needs surpass the Delphic oracle in obscurity.

Of what profit is a knowledge of anatomy divorced from that of physiology? What constitutes the natural history of disease in medicine or surgery? Altered anatomy with hampered physiology. Anatomy and physiology form the basis of medical science. But how much can we learn of physiology without a knowledge of chemistry? What are syntonin, leucin, kreatin, lecithin, glycogen, inosite, etc., but a mere catalogue of names to one destitute of chemical knowledge.

The truth is simply this, that medical students should bring with them to college a fair acquaintance with, at least, inorganic chemistry. It should not be necessary for the professor to begin *ab initio* with an enumeration of the elements, the laws of combination, chemical notation, and follow with a detailed description of the properties of inorganic compounds. This should be already known, so that the teacher need only pass it in rapid review before introducing the student to his proper pursuit, physiological chemistry. Then no longer would the teacher of physiology find himself unable to explain the chemical constitution of foods, the tissues, and the blood, to hearers whose ignorance of chemistry did not permit them to follow his explanations. More time would be gained for laboratory work, the only way in which any real knowledge of chemistry can be obtained. Instead of spending time in dissolving, precipitating, and crystallizing metallic salts, the student should begin the examination of the principal constituents of the animal body. From being only names, organic substances, such as those instanced, would then become realities. Without chemistry, our knowledge of primary digestion as it goes on in the stomach and small intestine, to say nothing of the gradual assimilation of nutrient material in its progress through the lacteals, or the complex and obscure changes which the liver effects in the starchy and albuminous alimentary materials, must remain most superficial and insignificant. Such knowledge, moreover, assists—or, rather, it forms—our understanding of the genesis of lithiasis, calculus, gout and diabetes, septicæmia and infection.

Physics is so closely connected with chemistry that we include the former, by implication, in what we have said of the latter. Osmosis is concerned with absorption and secretion; hydraulic principles have much to do with explaining the mystery of the circulation; the study of the nervous system necessitates constant reference to electricity. Physiology cannot be adequately comprehended without some knowledge of physics and chemistry.

Therefore, as an adequate comprehension of physiology is of such capital importance to the physician, and the sounder the knowledge of chemistry, the more profound that of physiology, it is extremely desirable that the professor of chemistry should not be obliged to waste time in teaching the merest rudiments. We hear much in these days of higher medical education and of how to secure it by preliminary examinations, graded and longer courses, of State examinations, etc. We very strongly incline to believe that insistence upon a fair knowledge of inorganic chemistry on the part of every matriculate would be a more pronounced advance than either a graded or a lengthened term; for a bright, well educated, and determined man will learn as much in three years as a dull student in five or six, while something may be said in support of iteration in medical lectures.

MEDICAL NEWS AND MISCELLANY.

DR. W. R. HOCH, of Philadelphia, has removed to 1502 Walnut Street.

THE oldest living physician is said to be William Salmon, of England.

THE Indiana Medical College has adopted three terms of six months each.

THE Medical College of South Carolina has adopted the three years' course.

THERE were 40,321 physicians in the Japanese Empire at the beginning of the year.

THE second annual meeting of the Congress of Electricity will be held in June at Paris.

DR. C. R. EARLEY, of Ridgeway, Pa., spent several days last month in Philadelphia.

YOU needn't take care of your lungs; never fear,
For they can take air of themselves, that is clear.
—*Judge.*

THE Resident Staff of the Philadelphia Hospital, in April, gave a reception to their new chief, Dr. D. E. Hughes.

DR. JOSEPH P. TUNIS and Dr. John A. Boger have been elected resident physicians for the Episcopal Hospital.

A SOCIETY girl in St. Paul died a few days ago from blood poison induced by a kid glove. Moral: Don't wear kid gloves.

THE AMERICAN NEUROLOGICAL ASSOCIATION will hold its next annual meeting in Philadelphia, on June 4, 5, and 6, 1890.

NECESSARY TO KNOW.—*Old Lady*—"I'd like to look at some tooth-brushes, young feller."
Clerk—"Yes, ma'am. Real or false?"—*Puck.*

DURING the International Medical Congress at Berlin there will be a meeting of delegates from the various cremation societies throughout Europe.

DR. FOSTER, of Pittsburgh, and Dr. Weaver, of Norristown, Pa., were present at the meeting of the Loyal Legion in Philadelphia, April 15th and 16th.

DR. H. A. HARE has been appointed Clinical Professor of Diseases of Children at the University of Pennsylvania, and Dr. C. Goodell Instructor in Gynecology.

DR. FREDERICK S. DENNIS, of New York, read a report before the Philadelphia County Medical Society, April 9th, on "One Thousand Cases of Compound Fracture."

A LARGE number of old army and navy surgeons paid their respects to the members of the profession during their attendance at the twenty-fifth anniversary of the Loyal Legion.

PROFESSOR—"I respectfully ask the attention of the class. I am about to exhibit some of the peculiarities of the anthropoid or man-like apes, and I wish you all to look at me."

THE late Sir William Gull, the famous Court Physician, has left a fortune of $1,725,000, although thirty years ago he was an unknown hospital doctor, living from hand to mouth.

THERE were 75 suicides (53 men, 12 women, 7 girls between 16 and 18, and 3 children under 10) in Berlin during January, being the largest number ever recorded there in a single month.

DR. H. J. BROOKS, of Dixon, Ill., has been appointed to the position of Superintendent of the Insane Asylum of Northern Illinois, at Elgin, made vacant by the death of Dr. E. A. Kilbourne.

MADAME TOLSTOI must, if report be true, be a most remarkable woman. She is her husband's amanuensis and translator, sees to the sale and distribution of his books, manages the estate and her household, and looks after the education of her children.

THE cost to England of the influenza epidemic is estimated at $10,000,000, about one-half of this amount having been paid by insurance companies and friendly societies, and the remainder representing loss of wages and disorganization of business.

A METAMORPHOSIS.—*Walker*—"Good gracious, Wentman, how you have changed—only a ghost of your former self! What have you been doing?"
Wentman—"Following out the 'Health Hints' in the newspapers."

THE French government is taking vigorous measures to suppress the morphine habit by punishing the druggists who sell the drug to persons whom they know to be addicted to its use. One druggist has been refused a diploma in a district where he had opened a shop.

A REMARKABLE CASE OF SEXUAL PRECOCITY.—In the "Annual of the Universal Medical Sciences, Section J, Series 1890, is mentioned the case of a negro girl, born in October, 1885, who began menstruating regularly in July, 1887. Breasts fully developed and full growth of hair at pubes.

HEALTH ASSURED.—*Physician*—"I fear you have been keeping yourself too closely confined. You should go out more. Take a constitutional every morning before breakfast."

Colonel Livehigh—"I always do, doctor; two of 'em, and never less than three fingers."

ORTHOPEDIC SURGERY.—H. Augustus Wilson, M.D., professor of general and orthopedic surgery in the Philadelphia Polyclinic and College for Graduates in Medicine, has been elected Lecturer on Orthopedic Surgery by the corporators of the Woman's Medical College of Philadelphia.

THE Paris Academy is in receipt of information relating to prehistoric remains found in Southern France. Two skulls have recently been dug up bearing every evidence of belonging to the Aryan race, and some human bones that from their proportions must have belonged to a man 10 feet in height.

AN exchange offers the following as a "sure cure" for hydrophobia: "Every dog bitten by a mad dog should be killed to-day; the rest of the dogs in town should be killed to-morrow." This scheme might be a sure preventive of hydrophobia, but it would not cure the man who has been attacked by the disease.

THE report of the Secretary of the United States Senate shows that during the year ending June 30, 1889, 1700 two-grain and 1600 three-grain quinine pills were purchased by the Government for the use of Senators. This may seem to some persons a small kind of pickings for United States Senators to be after.

AN Italian arrested in New York for shooting a trick cat belonging to a saloon-keeper, stated to the police magistrate that his business is that of serving dried cats' livers to Mott Street Chinese at 40 cents each. He also derives considerable money from the sale of the felts of the murdered cats, which are made into muffs and boas.

LECTURES ON HYGIENE AND PUBLIC HEALTH.—By invitation of the trustees of the Mott Memorial Library, Dr. Alfred L. Carroll is to deliver to physicians and students a free course of fifteen lectures on hygiene and public health, during April and May, at 4 o'clock P.M. on Mondays, Wednesdays, and Fridays, at the Mott Hall, 64 Madison Avenue, New York City.

Mr. Crimsonbeak—"You know Swipes?"

Mrs. Crimsonbeak.—"Yes; what's the matter with him?"

"He's troubled with kleptomania."

"You don't say so! Poor fellow! he ought to take something for it."

"That's the trouble. He takes too much."—*Yonkers Statesman.*

PROFESSOR OF PHYSIOLOGY ELECTED.—At the annual meeting of the Board of Trustees of the Medico-Chirurgical College of Philadelphia, Dr. Samuel Wolff, of Skipwith, Pa., who has given the lectures upon physiology during the past winter so acceptable to the class, was elected Professor of Physiology.

NOTHING MUCH THE MATTER.—"Well, my dear madame, and how are you to-day?"

"Oh, doctor, I have terrible pains all over my whole body, and it seems impossible to breathe! Of course, I can't sleep at all, and I haven't a particle of appetite."

"But otherwise you feel all right, don't you?"—*Fliegende Blatter.*

CAMDEN CITY MEDICAL SOCIETY.—Dr. D. Benjamin, of Camden, N. J., entertained the Society at his home, 305 Stevens Street, on Thursday evening, April 10th. During the session of the Society several interesting papers were read. Prof. E. E. Montgomery, of Philadelphia, was present by invitation, and spoke upon the paper of the evening.

Druggist.—"Mr. Mixer, what is all that stuff down cellar?"

Clerk.—"Oh, that's some medicine that there's no sale for. It's Drake's Digestive Provocative. I thought of getting the old junk-man to carry it off."

Druggist.—"Nonsense! Change its name. Call it 'The Influenza Annihilator,' and we'll get rid of it fast enough."

READY TO PROCEED TO BUSINESS.—*Man with blank-book* (to large, cross-eyed woman at door)—"I'm the census taker. I wish to see the head of the family."

Voice from inside the room—"H'm! H'm! Ahem!"

Large cross-eyed woman (peremptorily to owner of voice)—"Keep that cradle going, James!" (To census-taker): "Go ahead with your questions, sir."—*Chicago Tribune.*

AN article in the "Annual of the Universal Medical Sciences," Series 1890, Section C, states that the method used by the police of binding a cord about the forearm, just above the wrist, of their prisoner, is not free from danger, especially when the cord used is small and the binding very tight. The case of a man is mentioned who exhibited a paresis of motion and sensation in the distribution of the median nerve below the wrist from this cause. The paresis may continue for weeks and months.

"SUMPTUARY LAWS AND THEIR SOCIAL INFLUENCE" will be discussed by Dr. William A. Hammond, in The Popular Science Monthly for May. Dr. Hammond shows the absurd failures of laws against fine dress, costly food, and

smoking in Rome, France, Turkey, and England, and against the selling and drinking of alcoholic liquors in some of the United States.

THE Russian government objects to woman doctors, having discovered that they are addicted not merely to revolutionary opinions, but also to "sentiment and manners unworthy of their sex." In future, therefore, medical degrees will be conferred only upon women who have studied in Russia, so that there will be an end of the large contingent of Russian female students at Zurich.

TRUE GENIUS.—"Men give me some credit for genius. All the genius I have lies in this: When I have a subject in hand, I study it profoundly. Day and night it is before me. I explore it in all its bearings. My mind becomes pervaded with it. Then the effort which I make the people are pleased to call the fruit of genius. It is the fruit of labor and thought."—*Alexander Hamilton.*

NEW APPOINTMENTS.—The following have been added to the Faculty of the New York Post-Graduate Medical School and Hospital: Charles B. Kelsey, M.D., Professor of Rectal Diseases; Charles H. Knight, M.D., Professor of Laryngology and Rhinology; Reynold W. Wilcox, M.D., Professor of Clinical Medicine; Dr. S. Lustgarten (formerly Privat Docent in Vienna University), Instructor in Syphilis and Dermatology.

AT Paris dinner-tables the latest feature for dessert is the practice of putting on the table small receptacles called marmites, or "pots," in which are inclosed nuts, bonbons, and any other trifles that the hostess pleases. Each guest takes a pot, and before opening it trades it for that of some one else. The fun comes in when the results of the trades are known, and some are found to have swapped a pot filled with candy for one containing something of value.

A NOVEL industry is the separating and storing of oxygen from the atmosphere. This interesting process has a unique application in the maturing of spirits and in improving the quality of beer. It is claimed that the oxygen, in its contact with spirits, actually accomplishes in a few days what, if left to the natural process, required a period of from three to five years. The oxygen gets rid of the fusil oil quickly, and when used on beer produces a rapidly maturing effect.

A HOSPITAL FOR ROXBOROUGH.—A public meeting was held some weeks ago in the parish building of St. Timothy's Church, Roxborough, to enlist support in the project to build a hospital for the Twenty-first Ward, which has now been made possible by the generous contribution from Mr. and Mrs. J. Vaughan Merrick of a site and $10,000, as a nucleus of the endowment fund. The meeting was well attended and steps were taken to insure the completion of the project.

AID ASSOCIATION.—The Mutual Aid Association of the Philadelphia County Medical Society for the past year reports as follows:—

The members of the Association now number 95. Fifty-two are life-members and 43 annual members, of whom 3 are in arrears for dues, and 11 have forfeited their membership by failure to pay, their aggregate indebtedness being over $200. The number of benefactors is 16. Since the last annual report (May, 1889) one benefactor and one life-member have been added.

EXAMINATIONS FOR PHYSICIANS.—Argument was heard by Attorney-General Kirkpatrick recently in the matter of the application for a mandamus to compel the heads of departments in Philadelphia to require visiting physicians on the hospital staff to undergo a competitive examination, the same as candidates for the positions of resident physicians, and to compel the Departments of Charities and Corrections to make such appointments from the competitive lists.

A SURGEON in the mining region of the West tells the Pittsburg Dispatch: "The miners can not always be made to understand that it is sometimes necessary to give them considerable pain in reducing fractures, amputating fingers, and the like. They have, too, an embarrassing way of interrupting the operation by knocking down the surgeon. So I take a revolver with me, and before I begin to operate I take out the revolver and lay it somewhere handy and well in sight of the subject. It always has a calming effect."

THE MALIGNING MOTHER-IN-LAW.—*Mrs. Van Bibb*—"What is the matter with my husband, doctor?"

Dr. Schmerz—"Well, he has symptoms of acute cephalalgia and nasal hyperæmia."

Mrs. Van Bibb—"Oh dear! What do you suppose caused it?"

Dr. Schmerz—"I think it is due to excessive cerevisiac and caudagallic absorption."

Mrs. Van Bibb—"Poor, dear fellow! And mother said there was nothing the matter with him, except that he had been drinking too much. I shall never forgive her."

THE latest and most unique electrical invention is a machine for buttering bread. It is used in connection with a patent bread-cutter, and is intended for use in prisons and reformatory institutions. There is a cylindrical-shaped brush, which is fed with butter, and lays a thin layer on the bread as it comes from the cutter. The

machine has a capacity of cutting and buttering 750 loaves of bread an hour. The saving of butter and of bread and the decrease in the quantity of crumbs is said to be very large.

JAPANESE lacquer is highly spoken of. It gives a surface to wood much harder than the best copal varnish, without brittleness. It takes a polish not to be excelled, which lasts for centuries, as we may see in the old treasures of Japan. It is proof against boiling water, alcohol, and apparently every agent known. It is the best possible application for laboratory tables. A photographer states that he has a set of developing trays that have been in use for more than a year, and they remain in perfect condition. In Japan the varnish is used for many household articles.

M. HERIOT, the owner of the big store called the Louvre, in Paris, was sent to the insane asylum by his relations because he insisted upon giving $1,000,000, which he could readily afford to lose, to founding an orphanage for soldiers' children. The local authorities finally ordered that he should be removed from a private asylum and placed in a public one, and it was quickly found that he was not insane at all. For thirteen months' treatment the private asylum doctors demanded $22,500, the local doctors want $20,000, three medical students, who helped find him crazy, $13,500, and the keepers $5000. It is no wonder they wanted to keep him insane at that rate.

ELECTRIC LIGHT.—A St. Louis doctor has made serious charges against the electric light as hurtful to the eyes. He is reported as saying that the electric light is not only injurious, but absolutely ruinous to the sight and inducive of paralysis of the eye. This is highly amusing to electricians, and seems to have proved so to western doctors and oculists, who have poured into the papers a flood of disproofs and denials of the statements of the St. Louis alarmist. One oculist says: "I have never heard of any special optical disease resulting from the new light, and I am quite sure there cannot be any, because the electric light is a pure white light, 'softer' and more agreeable to the eye than a lamp or gas."

A SINGULAR instance of the transmission of hereditary peculiarities has been brought to the notice of the German Anthropological Society. The correspondent tells of his meeting a farmer by the name of Loewendorf, who had a peculiar habit of writing "Austug" for "August," his Christian name. Some years later he was inspecting a school, and heard a little girl read "leneb" for "leben," "naled" for "nadel," and so on. Upon inquiring he found that her name was Loewendorf, and that she was a daughter of his former friend, the farmer, now dead. This defect was noticeable in the speech and writing of both father and daughter. It appeared in the father as the result of a fall that occurred some time before the birth of his daughter.

DR. J. M. WHITNEY, of Honolulu, who arrived in San Francisco on the steamer Australia, states that Sister Rose Gertrude, the English girl who was anxious to nurse lepers at Molokai, will not become an exile in the leper settlement, and perhaps die there, as she anticipated.

The settlement of Molokai is in charge of the Sisters of the Sacred Heart, who are maintained there by the Hawaiian government, and, as Sister Rose Gertrude belongs to another order, the Dominican Sisters, she could not be admitted. She is therefore at Kalilie, receiving-station for lepers, or those who are supposed to have contracted the disease. There they are cared for until it can be determined what their ailment really is.

MICHIGAN STATE MEDICAL SOCIETY.—The annual meeting will be held in Grand Rapids, Michigan, June 19th and 20th. The annual addresses, besides the president's, introduced two years ago, having proved so successful, will be continued this year as follows:—

The President's Annual Address, Dr. Geo. E. Frothingham, Detroit. Subject: "The Need of Extensive Organization and Pursuit of a Fixed Policy as a means of Promoting our Professional interests."

Practice of Medicine, Dr. W. F. Breakey, Ann Arbor. Subject: "The Mutual Relations and Responsibilities of the Physician and the People in the Promotion of Medical Science."

Surgery and Ophthalmology, Dr. F. J. Groner, Big Rapids. Subject: "The Causes and the Remedies for Suits in Malpractice."

Obstetrics and Gynecology, Dr. J. N Martin, Ann Arbor. Subject: "The Relations Between Constitutional Conditions and Diseases of the Female Genital Organs."

It has been the aim of the Society to increase the interest and profit of the meetings, and in every way possible promote the harmonious development of the medical profession throughout our State.

GEORGE DUFFIELD, M.D.,
General Secretary, 25 Washington Avenue,
Detroit, Michigan.

JUVENILE CRIMINALITY IN FRANCE.—The Press Paris correspondent telegraphs that the sensation caused by the publication of the Lenten pastoral instructions by the Cardinal Archbishop of Rheims has not abated. The pastoral is considered, by Catholics at any rate, to be a scathing exposure of the social effect of the official atheism which prevails in France, and

certainly the figures culled from the official documents and cited by His Eminence afford food for thought. It seems that the annual average of criminality has increased threefold since 1870, and of juvenile criminality fourfold. In 1886, of 187,720 accused brought before the police tribunals, more than 23,000 were minors. In 1887 there were 191,108 accused, of whom nearly 30,000 were minors. In 1887 the courts convicted 649 persons below 21 and 42 below 16.

This year, already three murderers, all minors, have been executed in Paris, of whom the youngest was 16 years old. The number of suicides has risen from 4990 in 1870 to 8202 in 1887. During 1887, 225 minors between 16 and 21 years and 48 children below 16 committed suicide.

Regulation of Prostitution.—Since the last discussion at the Academy of Medicine on the prophylaxis of syphilis, the resolutions passed have been freely criticised. M. Commenge furnishes statistics showing the number and nature of venereal diseases observed among registered and unregistered Paris prostitutes holding certificates, during the nine years from 1878 to 1887. Among 305,799 registered prostitutes holding certificates, 3.12 per 1000 cases of syphilitic affections, 3.06 per 1000 of non-syphilitic disease, and 0.36 per 1000 cases of psoriasis were recorded. Among 503,712 registered prostitutes living in licensed houses, 2.70 per 1000 cases of the first, 2.52 per 1000 of the second, and 0.30 per 1000 of the third category of affections were observed. Among 76,740 registered prostitutes *en dépôt* (prison), there were 23 96 per 1000 cases of the first, 14.46 per 1000 of the second, and 4 06 per 1000 of the third category. Among 27,041 unregistered prostitutes there were 166 per 1000 cases of the first, 134 per 1000 of the second, and 29 per 1000 of the third category. The medical papers consider that these statistics show the necessity of vigilant supervision and strict regulation of prostitution.

The Late Dr. Smith.—At a meeting of the Standing Committee of the Mutual Aid Association of the Philadelphia County Medical Society, the death of Dr. Henry H. Smith having been announced, the following action was taken:—

"*Whereas*, We, the surviving Directors of the Mutual Aid Association of the Philadelphia County Medical Society, have heard with sorrow and profound regret of the death of our colleague and the founder of this association, Dr. Henry H. Smith, who, after so many years of faithful attention to the interests of this organization, the object of which is the care of the widows and orphans of our professional brethren, has been called to his reward: therefore, be it

"*Resolved*, That the example of his life should be a stimulus to renewed exertions and an encouragement to increased zeal in prosecuting our labors in the profession and for the benefit of our fellow-physicians, their widows and orphans.

John Ashhurst, Jr.,
J. Cheston Morris,
Lewis D. Harlow,
William B. Atkinson,
George B. Dunmire,
M. O'Hara,
James Collins,
Albert Fricke,
R. J. Dunglison,
M. S. French,
Benjamin Lee,
H. St. Clair Ash."

Tenth International Medical Congress (to be held in Berlin, August 4th to 9th).—The Committee of Organization of the Tenth International Medical Congress (R. Virchow, President; E. von Bergmann, E. Leyden, W. Waldeyer, Vice-Presidents; O. Lassar, Secretary-General) has appointed the undersigned members of an American Committee for the purpose of enlisting the sympathy and co-operation of the American profession.

We are assured that the medical men of our country will receive a hearty welcome in Berlin. The Congress promises to prove of inestimable value in its educational results, and in securing the ties of international professional brotherhood. It is most important that the American profession should participate both in its labors and its fruits.

Delegates of American medical societies and institutions, and individual members of the profession, will be admitted on equal terms. The undersigned, therefore, beg to express their hope that a large number of the distinguished men of our country will appreciate both the honor conferred by this cordial invitation and the opportunity afforded us to fitly represent American medicine.

The arrangements in regard to a few general meetings and the main scientific work which is delegated to the sections are the same as in former sessions. A medico-scientific exhibition, the programme of which has been published a few weeks ago, is to form an ingredient part. It is to the latter that the Berlin committee is very anxious that both the scientific and the secular press should be requested to give the greatest publicity. The office of the secretary-general is Karlstrasse 19, N. W. Berlin, Germany; S. C. Busey, Washington. D.C.; William H. Draper, New York; R. H. Fitz, Boston, Mass.; H. Hun, Albany, N. Y.; A. Jacobi, New York; Wm. T. Lusk, New York; Wm. Osler, Baltimore, Md.; Wm. Pepper, Philadelphia, Pa.; J. Peyre Porcher, Charleston, S. C.; J. Stewart, Montreal, Can.

PROPOSED SUBSTITUTE FOR QUININE.—Dr. Valude, of Vierzon, presented last year to the French Academy of Medicine, a paper entitled "A New Specific for Intermittent Fever and Malarial Affections." The commission appointed to examine it (MM. Dujardin-Beaumetz and Léon Colin) have now given in their report, which is, however, a somewhat guarded one. The new drug is the bark of the Calliandra Houstoni (Leguminosæ), a shrub growing in the warmer parts of Mexico, and known as panbotano. It is an ornamental plant, which has been cultivated in England for many years in greenhouses, and which, in some parts of Europe, can be grown outdoors. An analysis of it has been made by Dr. Villejean, who has been unsuccessful in isolating either an alkaloid or a glucoside. The bark yields its active principles, whatever they may be, both to alcohol and water. Dr. Valude gave 70 grammes of the bark to adults in four doses during twenty-four hours, either in the form of a concentrated decoction or of an extract made with alcohol. Fifteen cases in all were treated, but only 8 of these were intermittent fever of malarial origin. According to Dr. Valude, one or two days' treatment cut short the fever in every case. The medicine was given on an empty stomach, and was found to be apt to excite nausea and vomiting. The commission was of opinion that the number of observations was too small to establish the value of panbotano, and that a definite opinion could only be given after much more extended observation and experience.

UNWHOLESOME FOOD.—Dr. Charles M. Cresson, Chemist of the Board of Health, reported to that body that for several months past he had been engaged in making an examination of vegetables packed in glass jars in some preserving fluid, covered with a loose plate of glass, which is held in place by a metallic cap. Over the whole cap is placed one of the ordinary stamped metallic caps.

"The evident intention is to use a metal for the inside cap," says the report, "which is not affected by the prevailing fluid or by the juices of the vegetables, and tin has been selected by the packer for the purpose. If pure tin had been selected, it is probable that but little action would have taken place upon the metal; but unfortunately the tin employed in the jars which I examined contained the metal lead, and this metal has been dissolved, to a greater or less degree, by the preserving fluid. The asparagus and peas were notably contaminated with lead, and to a degree which I consider unwholesome. In addition to lead, the sprouts contained copper, which was probably introduced either by boiling the vegetables in copper vessels or by the use of copper salt for improving the color of the goods.

"It should not be forgotten that the action of nearlly all the metals, when introduced into the human system, is cumulative—that is to say, that the dose of one day is added to that of the day following; so that, however small and comparatively harmless the quantity of the metal introduced at a meal be, the time arrives when the system becomes so impregnated as to occasion injurious and even poisonous results. This view of the matter demonstrates the necessity of insisting upon the absolute freedom of all articles consumed as food from even the minutest amount of avoidable metallic contamination. I think that the public should be advised of the danger that may be incurred by the use of this class of goods."—*Evening Telegraph.*

DANBURY MEDICAL SOCIETY.—The Evening News, of Danbury, Conn., gave last month the following account of the banquet tendered by Dr. William C. Wile to the members of the Medical Society residing in that city:—

Last night the members of the Danbury Medical Society met at the residence of their president, Dr. William C. Wile, to dine with him. In addition to these were several invited guests from among the laity.

Shortly after 10 o'clock the forty guests took seats at the tables, which were attractively set for their pleasure.

At each plate was a *ménu* and toast-card, which was a gem. On opening its paper doors an excellent likeness of Dr. Wile was found to be photographed inside. On the left of the picture was the *ménu*, on the right the toast-card.

The guests lingered long at the tempting repast. When the dessert was finished and the cigars were lighted, Dr. Wile took the toast-card in hand. Previous to calling upon the speakers, he read the following dispatch from the editor of the Medical Progress, published in Louisville Kentucky:—

"I congratulate the Danbury Medical Society on the honor of being dined by its president, and the president on the exhibition of such generous hospitality. Kentucky invokes the joyous blessings of harmony and fraternal good cheer at this festal hour."

The doctor read an exceedingly hilarious letter from Dr. John J. Berry, of New Hampshire, which put the company into an equally hilarious humor.

The first toast, Our Guest, was responded to by Prof. A. D. Rockwell, M.D., of New York. This gentleman gave a very interesting description of some of the features of the application of the electric current to the extinction of life, as it is now the mode of criminal execution in his State.

The second toast, entitled The Law, was assigned to Judge Howard B. Scott, but that gentleman was unable to be present, and it was

taken by Hon. C. A. Collins, of New York City, who gave the assembly some very good advice, without exacting the suspicion of a fee.

Dr. George L. Porter, of Bridgeport, responded to the toast, The Doctor. Many speakers claim their public remarks are spontaneous. Dr. Porter took an entirely opposite ground and claimed his remarks were prepared and were already in type in The News office, which claim those present soon discovered was not true. Stories of his own he hoisted off on the editor of this paper. But despite these glaring irregularities he greatly delighted the company.

Dr. Robert W. Newman, of New York City, took charge of the toast, The Ladies. His response was both humorous and sentimental. He made a number of good points in both directions, and was altogether entertaining.

Dr. T. F. Downs was the next speaker. Dr. Downs belongs in Bridgeport, but is a Danbury boy, and one to be proud of. The doctor is a son of our respected townsman, Deacon George Downs. The doctor spoke humorously of incidents in his boyhood here, affording considerable pleasure to his hearers.

Following him came Dr. Richard Ellis of this city, who gave a recitation, a scene in the great breach of promise trial recorded in "Pickwick Papers." Dr. Ellis is a fine elocutionist, with a clear appreciation of his characters, and his contribution to the entertainment of the evening was much enjoyed.

A very pleasant feature of the banquet was the singing by the members of the Knights Templar quartette, Messrs. Braun, Oakley, Sanford, and O'Connor, who were guests of President Wile, and whose company was a delight.

At 2 o'clock the party rose from the tables, mentally and physically refreshed and strengthened, and presently departed with many fervent good wishes for the genial host.

ALUMNI ASSOCIATION OF THE MEDICO-CHIRURGICAL COLLEGE.—The annual dinner of the Alumni Association of the Medico-Chirurgical College took place in the college-building, on Cherry Street above Seventeenth. The banqueting hall was brilliant with flags and bunting, while an abundance of foliage and floral growing plants was picturesquely placed about the apartment. A pyramid of plants stood immediately behind the chairman, and over this was a handsomely executed crayon-portrait of Prof. Ernest Laplace, the special guest of the occasion. Prof. W. H. Pancoast presided, and Professor Laplace, Wm. M. Singerly, Dr. Peter D. Keyser. Gen. J. P. S. Gobin, and Robert M. McWade sat at his right, Col John P. Nicholson, Prof. Henry I. Dorr, D.D.S , the Rev. Charles W. Buoy, D.D., Dr. John V. Shoemaker, and Col. A. K. McClure to his left.

About eighty alumni and their guests were at the table, and each of them found in his place a neat, hand-painted plate-card. The designs on those intended for the members of the faculty of the college were clever caricatures of some trait peculiar to the recipient. That of Dr. Pancoast, the anatomist of the college, had a good portrait of the professor surmounting a skeleton frame; that of Dr. Shoemaker, who delivered the valedictory at the commencement exercises, portrayed him in cap and gown, and reading an address. Dr. Goodman, who has a war record, was presented in full military costume, with the badges of the various soldier societies to which he belongs strung upon his breast; Dr. Keyser, the ophthalmologist, was shown with huge spectacles upon his nose, looking intently at some astigmatic cards, while Dr. Waugh was seen in one of his favorite attitudes while addressing classes. Among the others present were Hamilton Disston, Dr. J. E. Garretson, Claus Spreckles, and Frank Siddall.

After an elaborate *ménu* was discussed, the set toasts were responded to as follows: The Alumni, Dr. Ernest B. Sangree; The Alma Mater, Prof. W. H. Pancoast, M.D.; The Faculty, Prof. P. D. Keyser, M.D.; The Necessity of Higher Medical Education, Prof. Ernest Laplace, M.D.; The Medico-Chirurgical Hospital, Col. John P. Nicholson; The Press as a Factor in Higher Education, Col. A. K. McClure, and The Necessity of Specialties, Prof. Henry I. Dorr, D.D.S.

The college colors, olive, gold, and red, were beautifully combined in the front page of the *ménu*; a sunburst in olive in the centre, surrounding the letters "M. C. C.," in gold, while below in red was the inscription, "Annual Dinner to Professor Ernest Laplace, by the Alumni Association of the Medico-Chirurgical College of Philadelphia." The dinner committee comprised Dr. John Welsh Croskey, chairman, Dr. Frank Fisher, and Dr. H. M. Cryer.

In the clinical amphitheatre, just before the annual dinner, Professor Laplace delivered an oration on "The Modern Physician."

At the annual meeting, which was held in the morning, the following were elected: President, William H. Pancoast, M.D.; Vice-Presidents: Thomas B. Earley, M.D., J. W. Krug, M.D., Manley F. Gates, M.D., A. J. Maher, M.D., J. Clyde McCartney, M.D., W. X. Sudduth, M D., Albert Kolb, M.D., Henry Fisher, M.D., and P. Appleman, M.D.; Secretary, John S. Stewart, M.D.; Treasurer, John Welsh Croskey, M.D.; Executive Committee: JohnV. Shoemaker, M.D. (chairman), P. D. Keyser, J. P. Russel, W. W. Walker, W. G. Hammell, N. Z. Dunkelberger, H. E. Goodman, W. H. Walling, G. H. Hovnanian, D. W. Levy, W. S. Stewart, M. P. Dickeson, E. S. Gaus, J. J. Taylor, A. E. Roussel, H.

C. Boenning, C. H. Gübbins, J. S. Deemy, R. J. Mueller, E. B. Sangree, F. Fisher, T. R. Barker, J. F. Meade, M. H. Cryer, and W. F. Waugh.

Professor Laplace, having been selected by the Executive Committee to give the annual address to the Alumni Association, was elected an honorary member.

One feature of the entertainment which we would like to call attention to was the speech of Col. McClure; it was a most brilliant one, and covered the ground admirably. One thing he referred to was the benefit of antagonism. "Gentlemen," he said, "one of the greatest advances is the system of homœopathy. It is an advance in medical science, because it gives antagonism to allopathy, and this antagonism has made you better to-day than you have ever been before."—*Ledger.*

THE Ninth Annual Commencement of the Medico-Chirurgical College, of Philadelphia, was held at the Chestnut Street Opera House, Thursday, April 10, 1890, at noon.

The exercises began with prayer by Rev. Charles W. Buoy, D.D. The degrees were conferred by President William H. Pancoast, A.M., M.D., upon the following graduates: Emanuel A. Alleman, Pa.; Samuel Traner Buck, Pa.; Lawrence Cauffman, N. J.; Philip Reybold Cleaver, Del.; Charles Eastlake Conner, Pa.; John Saxton Deemy, N. J.; F. Emanuel Doering, Manitoba; Nathaniel Z. Dunkelberger, Pa.; Thomas B. Earley, Pa.; Frank Ulysses Ferguson, Pa.; Carlos Emmor Godfrey, N. J.; Charles W. Green, Pa.; Charles W. Hate, Kan.; John K. Henry, Pa.; Henry W. Hunsberger, Pa.; Gregory H. Hovnanian, Turkey; William Talmage James, Pa.; Robert J. Mueller, Pa.; Rodrigo Perez, Mexico; Orrin Harvey Posser, Pa.; Pearson Serrill, Pa.; George F. Stevenson, Pa.; William Blair Stewart, Pa.; John Erskine Taylor, Manitoba, and Levi F. Wagner, Pa.

The address to the graduates was given by Prof. John V. Shoemaker, A.M., M.D., after which the Dean announced the awarding of these prizes:—

The Faculty Gold Medal for the highest average on final examination, William B. Stewart, of Pa.; with honorable mention of N. Z. Dunkelberger, Pa.; F. U. Ferguson, Pa.; G. H. Hovnanian, Turkey; O. H. Rosser, Pa.; R. J. Mueller, Pa.; P. R. Cleaver, Pa.; J. S. Deemy, N. J., and S. T. Buck, Pa.

Gold Medal for highest average in Practice of Medicine, William B. Stewart, of Pa.; with honorable mention of N. Z. Dunkelberger, Pa.; S. T. Buck, Pa.; R. J. Mueller, Pa.; R. Perez, Mexico; O. H. Rosser, Pa.; L. F. Wagner, Pa., and F. U. Ferguson, Pa.

Gold Star Medal for highest average in Anatomy, William B. Stewart, of Pa.; with honorable mention of G. H. Hovnanian, Turkey; J. S. Deemy, N. J.; R. J. Mueller, Pa.; L. Cauffman, N. J.; N. Z. Dunkelberger, Pa.; F. U. Ferguson, Pa.; P. R. Cleaver, Pa., C. E. Canner, Pa., and C. W. Green, Pa.

A Case of Instruments for the highest average in Surgery, N. Z. Dunkelberger, of Pa.; with honorable mention of G. H. Hovnanian, Turkey; W. B. Stewart, Pa.; J. S. Deemy, N. J.; L. F. Wagner, Pa.; O. H. Rosser, Pa.; C. W. Green, Pa.; S. T. Buck, Pa.; C. E. Conner, Pa.; F. E. Doering, Manitoba; W. T. James, Pa.; J. K. Henry, Pa.; R. Perez, Mexico; T. B. Earley, Pa.; F. U. Ferguson, Pa.; H. W. Hunsberger, Pa.; E. A. Alleman, Pa.; L. Cauffman, N. J., and R. J. Mueller, Pa.

Set of Instruments for the highest average in Gynecology, John S. Deemy, of N. J.; with honorable mention of W. B. Stewart, Pa., and N. Z. Dunkelberger, Pa.

A Pair of Obstetric Forceps for the highest in Obstetrics, W. B. Stewart, of Pa; with honorable mention of L. Cauffman, N. J.; R. J. Mueller, Pa.; J. E. Taylor, Manitoba; N. Z. Dunkelberger, Pa.; R. Perez, Mexico; C. W. Green, Pa; J. K. Henry, Pa.; S. T. Buck, Pa.; L. F. Wagner, Pa.; C. E. Conner, Pa.; G. H. Hovnanian, Turkey, and F. U. Ferguson, Pa.

Special prizes offered by Dr. Spencer Morris for the highest average in Differential Diagnosis and Hygiene, were awarded as follow: First prize of thirty dollars ($30) to W. B. Stewart, of Pa.; second prize of twenty dollars ($20) to Gregory H. Hovnanian, of Turkey.

A Free Scholarship for the ensuing session for the highest average in the studies of the second year to James MacKellar, of Pa.; with honorable mention of F. Frutchey, Pa.; G. J. Thomas, Pa.; E. R. Raseley, Pa.; S. P. Gerhard, Pa.; F. K. Quail, Pa.; R. F. Longacre, Pa.; A. Trapold, Texas; T. C. Sangree, Pa.; J. E. Grube, Pa.; J. A. Cramp, Pa.; J. H. Cooper, Pa.; M. D. Van Horn, Pa.; I. G. Shoemaker, Pa., S. Montegut, La.; F. H. Maier, Pa.; I. M. Koch, Pa., and E. B. Wenner, Pa.

A Free Scholarship for the highest average in the studies of the first year to Gordon L. Harker, of N. J.; with honorable mention of H. J. Bell, Pa.; H. L. Clayton, Del.; C. J. Steim, Pa.; C. H. Richardson, Pa., and T. B. O'Reilly, Pa.

A Gold Medal by Dr. H. C. Boenning, Demonstrator of Anatomy, for the highest average in his examination to James MacKellar, of Pa.

TENTH INTERNATIONAL MEDICAL CONGRESS. —*Section for Dermatology and Syphilography.*— In accordance with the resolution of the Ninth Congress, held at Washington, the Tenth International Medical Congress will be held this year at Berlin, opening on the 4th of August and ending on the 9th of August, 1890. Delegates

of the medical faculties and societies of the German Empire have elected us, the undersigned, members of a Sectional Committee of Organization. In this capacity we have the honor to cordially invite your participation in the proceedings of our section. We hope to enjoy the satisfaction of welcoming large numbers of our colleagues to Berlin, and also of seeing our section meetings numerously attended. We append the programme of our section as far as hitherto arranged, with the request that any further proposals, as well as offers of addresses, papers, or demonstrations, may be sent in with as little delay as possible.

With the hope that the meetings of the section may prove interesting in themselves and useful to the advancement of science, we remain, most respectfully, the Committee of Organization for the Section for Dermatology and Syphilography.

CASPARY-KONIGSBERG,
DOUTRELEPONT-BONN,
KOBNER-BERLIN,
LASSAR-BERLIN,
LESSER-LEIPZIG,
G. LEWIN-BERLIN,
NEISSER-BRESLAU,
UNNA-HAMBURG,
WOLFF-STRASSBURG.

All communications or inquiries regarding the business of the section to be addressed to Dr. Lassar, Berlin NW., Karlstrasse 19.

Preliminary Programme of the Section for Dermatology and Syphilography.—I. Pathology of pigmentations and decolorations of the skin. II. Diagnosis, prognosis, and therapeutics of chronic gonorrhœa in both sexes. III. The treatment of syphilis: 1. Results (*a*) of excision; (*b*) of the general preventive treatment; 2. The commencement, duration (chronic, intermittent, or temporary), and safest treatment of constitutional syphilis. IV. On the treatment of inflammatory diseases of the skin. V. The special indications for the various methods of employing mercury in the treatment of syphilis. VI. To what exciting causes is the outbreak of tertiary forms of syphilis to be referred? VII. On the influence of diathesis, of nervous causes and of parasites, in the etiology of the group of diseases termed eczema. VIII. On the nature of exanthemata due to the use of drugs. IX. Lupus erythematosus, its nature and treatment.

Extract from the General Regulations and Programme.—IX. In the meetings of the sections, questions and problems will be discussed which have been agreed upon by the special committees of organization. The communications of those appointed by the committee to report on a subject shall form the basis of discussion. As far as time allows, other communications or proposals, proceeding from members and sanctioned by the Committee of Organization, may also be introduced for discussion. The bureau of each section decides as to the acceptance of such communications, and on the order in which they shall come before the meeting, always provided that this point has not been already determined in the meeting itself by a decree of the section. Scientific questions shall not be put to the vote.

X. Introductory addresses in the sections must, as a rule, not exceed twenty minutes. In the discussions no more than ten minutes are allowed to each speaker.

XI. All addresses and papers in the general and sectional meetings must be handed over to the secretaries, in writing, before the end of the meeting. The Editorial Committee shall decide whether, and to what extent, these written contributions shall be included in the printed "Transactions" of the Congress. The members who have taken part in the discussions will be requested to hand over to the secretaries, before the end of the day, in writing, the substance of their remarks.

XII. The official languages of all the meetings shall be German, English, and French. The regulations, the programme, and the agenda for the day will be printed in all three languages.

It will, however, be allowable to make use of other languages than the above for brief remarks, always provided that one of the members present is prepared to translate the gist of such remarks into one of the official languages.

Those who take part in the Congress shall pay a subscription of 20 marks (1 pound sterling, or $5) on being enrolled as members. For this sum they shall receive a copy of the "Transactions," as soon as they appear. The enrollment shall take place at the beginning of the Congress. Gentlemen may, however, be enrolled as members by sending the amount of the subscription to the treasurer, with their name, professional status, and residence appended.

Treasurer's address: Dr. M. Bartels, Berlin SW., Leipzigerstr 75. Please inclose a visiting-card.

DEATH OF A DISTINGUISHED SURGEON.—Prof. Henry Hollingsworth Smith, died at his residence, No. 1800 Spruce street, April 11th, after a ten days' illness, and in his 75th year.

Dr. Henry Hollingsworth Smith was born in this city, December 10, 1815. His father, James S. Smith, was a distinguished lawyer. Dr. Smith was educated in Wylie & Engle's well-known classical academy. He graduated at the College Department of the University of Pennsylvania in 1834, and studied medicine with Prof. William E. Horner, and graduated in medicine at the University in 1837. He was then Resident Surgeon of the Pennsylvania Hospital for

two years, under Drs. Thomas, Harris, Randolph, and Norris, and visited the London, Paris, and Vienna Hospitals in 1839. He spent eighteen months in study at various European institutions, and on his return, in 1841, he settled in practice and commenced instructing private classes in surgery, and delivering lectures on bandaging and other surgical topics.

He became a surgeon to St. Joseph's Hospital in 1849, surgeon to the Episcopal Hospital soon afterward, one of the surgical staff to Blockley Hospital in 1855, and was Professor of Surgery in the Medical Department of the University of Pennsylvania from 1855 to 1871, when he became Professor Emeritus. At the beginning of the Civil War he was appointed to organize the Hospital Department of Pennsylvania, and at the same time made Surgeon-General of Pennsylvania. In this capacity he contributed much to the efficiency of the medical service of the Pennsylvania Reserves and other State regiments. At the first battle of Winchester, Va., he originated the plan of removing the wounded from the battle-field to large hospitals in Reading, Philadelphia, Harrisburg, and other cities, and established the custom of embalming the dead on the battle-ground. He organized and directed a corps of surgeons, with steamers as floating hospitals, at the siege of Yorktown, and served the wounded after the battles of Williamsburg, West Point, Fair Oaks, Cold Harbor, and Antietam. After thoroughly organizing the department of which he was in charge, he resigned his commission in 1862, and has since been actively engaged in the practice of his profession. He won the warmest thanks of uncounted relatives by inaugurating the system of embalming the dead on the battle-ground. No act in the medical and hospital department of the army won more praise than was at that time and has since been awarded this.

He resigned his Professorship of Surgery in the University in March, 1871, after thirty years' labor as a teacher, and was elected Professor Emeritus in that institution. As a lecturer he is described as "excellent and unexceptionable in his style of speaking—quiet, fluent, self-possessed, systematic, and thorough. As a surgeon he is regarded as conservative and very considerate of final results, and therefore successful." In all his various positions he was constantly performing the most important and often capital operations; while a large private practice enabled many to profit by the fruits of a singularly extended and well-grounded experience. Since his retirement from the University he had been attending to his private practice. He was for three terms President of the County Medical Society, and at the International Medical Congress of 1887 he was Chairman of the Executive Committee.

Dr. Smith was widely known as a medical author. His publications include "An Anatomical Atlas," to illustrate William E. Horner's "Special Anatomy" (Philadelphia, 1843); "Minor Surgery" (1846), "System of Operative Surgery, with a Biographical Index to the Writings and Operations of American Surgeons for 234 Years" (2 vols., 1852), "The Treatment of Disunited Fractures by Means of Artificial Limbs" (1855), "Professional Visit to London and Paris" (1855), "Practice of Surgery" (2 vols., 1857–63), and numerous surgical articles in medical journals. And he has translated from the French Civiale's treatise on "The Medical and Prophylactic Treatment of Stone and Gravel" (Philadelphia, 1841), and edited the "United States Dissector" (1844) and "Spenser Thompson's Domestic Medicine and Surgery" (1853). In October, 1843, he married Mary Edmunds, oldest daughter of Prof. William E. Horner. A widow and three children survive him.

BOOK REVIEWS.

The Examination of Urine, Chemical and Microscopical, for Clinical Purposes. By LAWRENCE WOLFF, M.D. Colored plate and numerous illustrations. Philadelphia: W. B. Saunders, 913 Walnut Street, 1890. Price, 75 cents. Another of the Question Compends.

This little work, coming from a well-known chemist and teacher of this city, condenses the subject so as to make the book of practical utility both to the student and practitioner. It is finely and abundantly illustrated, and treats of the latest developments in the examination of urine in all its known pathological states. The book is good and up to date.

A New Medical Dictionary. By GEORGE M. GOULD, A.B., M.D.

This handsome, compact volume includes several thousand new words and definitions, many of which are collected from recent medical literature. It also contains practical and useful tables of the bacilli, leucomaines, ptomaines, micrococci, etc.; of the arteries, nerves, etc., and of the mineral springs of the United States, together with other valuable information.

It is not only a well-arranged dictionary, but one easily handled and adapted to the use of the student and busy physician.

Essentials of Diseases of the Skin, including the Syphilodermata. Arranged in the form of questions and answers. Prepared especially for students of medicine. By HENRY W. STELWAGON, M.D., PH.D. With 74 illustrations. Philadelphia: W. B. Saunders, 913 Walnut Street, 1890. Price, 75 cents.

This small volume is but a condensed account of the various diseases of the skin found in the text-books. It is incomplete, crude, and misleading to either physician or student. The questions and answers, on examination, will confuse even a well-posted physician. The scissors used in preparing this small book required a practical and able pen guided by wisdom to make the portions employed readable.

Essentials of Forensic Medicine, Toxicology, and Hygiene. By C. E. ARMAND SEMPLE, London, author of "Essentials of Pathology," "Morbid Anatomy," "Aid to Chemistry," etc. With 130 illustrations. Philadelphia: W. B. Saunders, 913 Walnut Street.

In this compend, which is profusely illustrated also, the student has a mine of information arranged in a logical and precise manner. These are three very important branches of medico-legal science, one dependent on the other, and Dr. Semple has brought out their relations one to another in a manner which is very readable and instructive, as well as invaluable, to the physician.

Wood's Medical and Surgical Monographs. Vol. VI, No. 1. April, 1890. New York: William Wood & Co., Publishers, 56 and 58 Lafayette Place. $10 a year. Single copies, $1.

The table of contents of this excellent number is as follows: The Human Foot: Its Form and S ructure and Clothing. By Thomas S. Ellis, M.R.C.S. Modern Cremation: Its History and Practice. By Sir Henry Thompson, F.R.C.S. Aphasia: A Contribution to the Subject of the Dissolution of Speech from Cerebral Disease. By James Ross, M.D., LL.D.

The April number contains much of interest to the physician. The contribution upon the human foot is not only practical, but of great service to every reader. Cremation is ably spoken of by Sir Henry Thompson, and aphasia is treated of by an eminent practitioner in a manner that makes the subject both instructive and valuable.

Hygiene of Childhood. Suggestions for the care of children after the period of infancy to the completion of puberty. By FRANCIS H. RANKIN, M.D., President of the Newport Medical Society, Member of the Newport Board of Health, Fellow Rhode Island Medical Society. New York: D. Appleton & Co.

So much attention is paid nowadays to the care and training of childhood and youth that this attractive little volume comes not amiss, but as another addition to already familiarly recognized topics.

The author presents his subject under the heads beginning with the dietary and clothing from earliest infancy up to puberty, and speaks between these two limits of the importance of pure air, exercise, sleep, regularity of bowels, care of skin, education, discipline, and, in short, of all the conditions favorable to the best possible development, both mentally and physically.

It is well written and deserves a reading, more to renew the axioms of childhood hygiene than for any new or startling innovations.

The Popular Science Monthly for April, 1890. D. Appleton & Co., New York.

The current issue of the Monthly contains a number of interesting and instructive scientific papers, as well as several which have mainly to deal with the utilities of every-day life. Prof. David Starr Jordan writes of "Science in the High School." Professor Crawford Howell Toy has a most excellent article upon "Ethics and Religion," in which he makes some very delicate distinctions between the two, showing where the one is closely related to the other, and in what respect they are found widely different. In reply to the aggressive paper of Grant Allen, Mrs. Alice B. Tweedy takes up and discusses with great force and argument the question, "Is Education Opposed to Motherhood?" An article upon "Sloyd Training" is illustrated, and some practical observations advocated for the establishment of this simple method of teaching. One of the most attractive of all the articles for a person who has the leisure to study will be found in the paper of Charles E. Chidsey, who writes of "The Mysterious Music of Pascagoula," a peculiar, weird music heard near the mouth of the Pascagoula River, where it empties into the Gulf of Mexico, on the southern coast of Mississippi. Maj. A. B. Ellis writes of the "Indwelling Spirits of Men;" William Stosz on "Northern Lights;" M. Maurice Maindron furnishes a well-illustrated article upon "Dragons, Fabled and Real;" M. A. De Rochas discusses "Alchemists' Gold;" and Clarence N. Ousley supplies us with "A Lesson on Co-operation," by recounting the experience of a co-operative society that undertook, a few years ago, to manage the affairs of the farmers in Texas, and should be studied very carefully by every one who thinks favorably of the scheme.

Recherches Cliniques et Experimentales sur l'Antisepsie Médicale. Par le Dr. Z. Petresco, Professeur de Thérapeutique à la faculté de Médecine de Bucarest, Médecin-en-Chef de l'Hôpital Militaire Centrale, etc. Memoire présenté au Congrès de Thérapeutique à Paris en 1889. Jassy: Impremerie National, 1889.

Clinical and Experimental Studies of Medical Antisepsis. By DR. Z. PETRESCO, etc. Jassy: National Press, 1889.

Dr. Petresco is well known as a zealous clinician and therapeutist. In this pamphlet he describes a series of experiments upon the com-

parative value of a number of germicidal drugs. These substances were administered internally, externally, and by inhalation. Cultures of the tubercle bacilli were also exposed to the action of these medicaments, while another series was devoted to the examination of the protective influence of various antiseptics upon different alimentary matters, such as milk, broth, meat, and eggs. Cultures of the typhoid bacilli were treated in the same way, and the author likewise endeavored, without success, to produce typhoid fever in rabbits and dogs inoculated with the cultures. Again, test-tubes containing sterilized broth were mixed with antiseptic drugs and exposed freely to the air in order to observe how long the broth would be preserved from decomposition. It was difficult to determine precisely when the micro-organism effected a lodgment in the different samples, but the writer concludes that invasion was resisted for the longest time by those containing the following substances: Naphthol, tannic acid, carbolic acid, salicylate of sodium, the salts of quinine, bichromate of potassium, biniodide and bichloride of mercury, aniline, hydrochloric acid, tartaric acid, salicylic acid, sulphuric acid, and the sulphate of copper.

Clinically, the writer studied the effect of antiseptic medication in typhoid fever, tuberculosis, small-pox, measles, scarlatina, erysipelas, furunculosis, and impetigo contagiosa following vaccination. In typhoid fever the best results were obtained from the bisulphide of carbon and beta-naphthol. Used either separately or in combination, aided by hydrotherapy, they moderated the symptoms, shortened the course, and reduced the mortality of the disease. Pulmonary tuberculosis was treated by means of inhalation of volatile antiseptics, an atomizing apparatus devised by the author being employed. Of 34 cases so managed, 10 remained stationary, 19 were ameliorated, and of these 6 might be considered cured, and 5 died. In small-pox and measles the author recommends Van Swieten's solution of bichloride of mercury internally and externally, an ointment of cold cream and sulphur in the proportion of 10 to 100. Stress is laid upon the external application, which he thinks prevents auto-intoxication, while it acts as a local refrigerant and germicide. Thirty-one small-pox patients were thus treated, with 2 deaths; 327 cases of measles, with 11 deaths. In scarlatina the sole dependence was placed upon the corrosive sublimate, given internally and applied directly to the throat either by penciling or gargles. Of 30 cases subjected to this method only 2 perished, and it is fair to state that those 2 were practically moribund when admitted. In facial erysipelas, Dr. Petresco praises the action of a 2-per-cent. solution of carbolic acid in equal parts of collodion and glycerin. He says nothing of internal medication. In furunculosis he uses locally a 2-, 3-, or 4-per-cent. carbolic acid solution, and in impetigo contagiosa the 10-per-cent. sulphur ointment.

Spinal Concussion: Surgically considered as a cause of spinal injury, and neurologically restricted to a certain symptom group, for which is suggested the designation Erichsen's Disease, as one form of the traumatic neuroses. By S. V. CLEVENGER, M.D., Consulting Physician Reese and Alexian Hospitals, etc. With thirty wood engravings. Cloth, 8vo.; 359 pp. Price, $2.50. F. A. Davis, Philadelphia, 1889.

Our knowledge of the traumatic neuroses is vague, and the literature upon the subject so scattered or far behind the times that the above work has appeared most opportunely. Railroad accidents are becoming more common every day, and corporations are compelled to expend yearly vast sums of money in the settlement of damage suits. In many of these accidents persons are so injured as to become incapacitated for the rest of their lives; yet there may be no apparent physical injury or discoverable organic lesion. The opportunity for malingering is thus great, and it becomes especially desirable to acquire a more precise and comprehensive knowledge of these affections. The majority of the symptoms are subjective in character, and for that reason, largely, was it decided in the recent scientific Franco-German contest that the pathology of this particular class of neuroses is cerebral rather than spinal. To this view Dr. Clevenger takes exception, and in the above carefully-prepared monograph endeavors to separate from the mass of confused subjective symptoms, heretofore attributed to railway affections, those particular ones—subjective and objective—by which a true railway-spine may be diagnosed. He holds that the disease is something more than simulation or the result of mere auto-suggestion; that the nervous system is profoundly affected, and that certain methods of examination, particularly by means of electricity, will enable the physician to diagnose the reality of the trouble almost without regard to the subjective symptoms at all. This is certainly a decided advance; and, after a careful review of the whole subject, the author suggests, in honor of him who first attempted to clearly describe it, the name of "Erichsen's Disease" for this positive affection, which, if not always amenable to cure, is certainly of the highest medico-legal importance.

After a general review and copious quotation of the older writers upon the subject of spinal concussion, he reports a large number of cases in full, the majority of them having been his own patients. He carefully analyzes other cases as well as his own that have been put upon record, aad thus deduces a symptomatology which, though still large, is, nevertheless, much more

condensed and systematic than that presented by previous writers. Three chapters are then devoted to diagnosis, the one on electro-diagnosis being particularly valuable and emphatic in its teachings. No case of simulation can withstand the crucial tests made with electricity by one who is familiar with it in all its details; and the author justly insists upon its appropriate application in every case of real or feigned railway-spine.

The chapter upon the pathology of the disease contains that which is somewhat novel, and entirely original with Dr. Clevenger. One or two earlier writers had intimated that the sympathetic system of nerves seemed to be particularly involved in this trouble, but some had even openly and clearly stated that the whole affection depended primarily upon their disorganization. The circulation within the spinal cord is under the control of the sympathetic, and in the shock caused by the railway accident the sympathetic is so profoundly disturbed that it rarely recovers its normal control over the blood-vessels. The nutrition of the cord is thus so affected as to give rise to the majority of the symptoms by which the disease is recognized. But the sympathetic controls the vascular supply of other parts of the body, such as the brain, the stomach, the extremities, etc., and accordingly the symptoms which are associated with these various organs and structures are also to be attributed to the vasomotor disturbance within the latter. It is unfortunate that the author's views have not been more completely established by post-mortem examinations, but heretofore only the spinal cord has been examined, and no one has even thought of opening the prevertebral cavity to study the condition of the sympathetic nerves. It is to be hoped that pathologists will use every opportunity to test the correctness of these views, which have been so carefully and shrewdly elaborated theoretically.

The treatment and some medico-legal considerations close the immediate study of this interesting and important class of neuroses from the medical stand-point.

As the book is written for lawyers as well as physicians, a chapter upon the anatomical structure of the cord and a copious glossary have been also judiciously inserted.

We heartily commend Dr. Clevenger's book to the consideration of the medico legal world, feeling assured that, though they may not agree with all that is therein stated, much useful and practical information will be obtained, and the present status of our knowledge in regard to these obscure and frequent neuroses carefully exposed.

The work of the publishers is extremely commendable, the paper being heavy, the type and illustrations clear, and the binding strong and attractive-looking.

CURRENT MEDICAL LITERATURE

The Excessive Death rate Among Infants and How it Can be Reduced. By Peter McCahey, M.D., Philadelphia.

Thirty-sixth Annual Report of the Northern Home for Friendless Children and Associated Institute for Soldiers' and Sailors' Orphans.

A Practical Application of the Science of Obstetrics. By T. Ridgway Barker, M.D., Demonstrator of Obstetrics, and Assistant in Clinical Gynæcology in the Medico-Chirurgical College, Philadelphia. Reprinted from the Times and Register, February 8, 1890.

The Scrofulous Diathesis. By Prof. I. N. Love, M.D., of St. Louis, Mo., Professor of Diseases of Children, College Physicians and Surgeons; President Section on Diseases of Children, A.M.A.; President American Medical Editors Association, Consulting Physician City Hospital, St. Louis, Mo.

NUTRITION AND STIMULATION IN THE DISEASES OF CHILDREN.—In an extract read to the Academy of Medicine, St. Louis, October 23, 1889, by I. N. Love, M.D., Editor Medical Mirror, Professor of Diseases of Children, College Physicians and Surgeons, St. Louis, Mo.; President Section on Diseases of Children, A.M.A.; President American Medical Editors' Association; Consulting Physician City Hospital, he said:—

In spite of the opposition of Lallemand, Perrin, and Duroy, I believe the proposition of Liebig, made long ago, that alcohol, like any other non-nitrogenous alimentary principle, is consumed by oxidation. He believed that it was second only to fat as a respiratory material.

Pavy takes the position that even though a small portion does escape from the system unchanged, the bulk which is ingested is lost sight of, and presumably is appropriated in the system.

However one may theorize, the clinical facts remain that alcohol is a food of special value in the exhausting diseases, whether affecting children or adults; that it diminishes tissue metamorphosis and economizes the consumption of material in the body.

As a diffusible stimulant, alcohol in one form or another may not only urge on a failing heart, eliciting force, but as well aid in supplying it.

In the diseases of children where stimulation is especially indicated, such as continued fevers, diphtheria, etc., I have found Tokay wine to be of the most desirable form. It is almost the only alcoholic stimulant that children will take willingly. Pavy, than whom we have no higher authority, says: "Tokay far excels all wines, and holds, in fact, a unique position. It is one

of the most universally famed of wines, and always commands a price which places it only within the reach of the wealthy. It is made from the juice which flows spontaneously from the overripe grapes. It ranks among the sweet wines, but with its sweetness it possesses an exceedingly rich, aromatic, mouth-filling wine flavor."

Henoch, of Berlin, says: "Pure Tokay is an admirable aid in the nourishment of atrophic infants. My teacher, Romberg, was accustomed to say, Tokay was not alone 'lac senile,' but also 'lac juvenile.'"

The tributes from such high authorities to the value of Tokay have been thoroughly justified by my experience, more particularly of the past ten years.

One of my own children, a victim to a nine-weeks siege of continued fever, was greatly supported by Tokay wine.

One great difficulty experienced for a number of years was the extreme high price of the Hungarian Tokay. Three dollars a bottle placed it absolutely beyond the reach of the great majority of sufferers. The California Vintage Company, 21 Park Place, N. Y., some years ago introduced to the medical profession of the East a brand known as the "Royal Tokay." It at once became very popular, and is now used to the almost complete exclusion of the imported article. The Royal Tokay first came under my observation something over a year ago, since which time I have used it continuously with my patients, it giving in every instance the completest satisfaction. The cost of the Royal Tokay is one-half of the imported article, which brings it within the grasp of the masses.

Brandy, as we all know, occupies the front rank, in public estimation, of all the different stimulants. Its purity and the richness and delicacy of its flavor give it the position that it holds, and renders it suitable to be chosen in any case where a spirit is required, either as a food or a therapeutic agent.

The term brandy is derived from a corruption of the German *bramtivein* and the French *brandevin*, and means burnt wine, or wine subjected to the influence of heat. It is, in fact, the product of the distillation of grape-juice which has undergone alcoholic fermentation.

Certainly, there cannot be any question that it is the ideal stimulant to be given in all cases where disturbance of the alimentary canal is an accompaniment.

I have frequently sustained my patients for days by the use of diluted brandy, where all else in the form of food or drink was rejected. It is peculiarly valuable in cases of gastric congestion, gastritis, the irritable stomach of typhoid fever, and other similar conditions.

The developments of the past few years have demonstrated that much of the imported brandy is impure and adulterated; therefore it is gratifying to know that we have produced in our own country a brandy that is absolutely reliable.

I have been using, exclusively, for many months, in my practice, the Royal Grape Brandy of the California Vintage Company, and in no case have I had occasion to regret it. I therefore feel justified in accepting in full (basing my acceptance upon clinical experience) the following, which appears in the editorial column of the New York Medical Journal, December 18, 1887:—

"We are gradually learning that various articles of American production are far superior to any that can be imported, and that California Brandy is one of them. In particular, the 'Royal Grape Brandy' furnished by the California Vintage Company, 21 Park Place, N. Y., we believe to be unsurpassed by any brandy made in France, whether we consider its flavor or its purity, and rarely equalled. It is smooth to the tongue, and delicate and fruity in both taste and aroma, and a considerable trial of it has satisfied us of its absolute freedom from extraneous substances. Considering the very moderate price asked for it, really not greater than one has to pay for good whisky, it seems to us a duty on the part of physicians to employ it with their patients."

I present for your consideration the following conclusions:—

1. The most careful consideration of the diet of children from the day of birth should be given on the part of physicians and parents with the view of building up in the child a power of resistance against disease.

2. The majority of the diseases of children can better be treated dietetically than medicinally, though medicine should not be despised.

3. Of course, in diphtheria and the exanthemata, and some other diseases, we have a specific germ which must never be lost sight of, but in all other diseases, acute or chronic, elimination, tranquillization, stimulation, and nutrition are the "big-four" combination upon which we can rely.

4. In typhoid and other continued fevers a greatly opened condition of the vital sewerage system, a daily cleansed skin, proper sleep and quietude, mental and physical, a safe temperature (not permitted to go too high or brought down too low), should be maintained, along with judicious stimulation and persistent feeding,—feeding to the limit of the assimilative powers of the alimentary canal (and the skin as well, if need be),—never losing sight of the necessity, in the majority of cases, for the predigestion of all foods.

A persistent course of treatment such as this will, I believe, accomplish the saving of nearly all cases.

COMMERCIAL NEWS.

Chloralamid.

The new hypnotic "Chloralamid," which has been so favorably received, is now protected in the United States by Letters Patent Nos. 425,039 and 425,040, granted April 8, 1890, to the inventor, Dr. von Mering. These patents are owned by the Chemische Fabrik auf Aktien, vormals E. Schering, of Berlin, which is the sole manufacturer of Chloralamid.

The word "Chloralamid" is a trade mark which is owned by the Chemische Fabrik auf Aktien, and which was registered in the United States Patent Office on the 31st day of December, 1889, No. 17,325.

Lehn & Fink have been appointed sole licensees under these patents and trade-mark, and sole agents for the sale of Chloralamid in the United States.

They wish to caution the trade against the sale or use of Chloralamid which does not bear their labels, because such sale or use constitutes a violation of their exclusive rights which they will promptly follow by the prosecution of the infringing parties.

Senile Debility.

℞ Syr. hypophos. comp., . . 3 oz.
Celerina (Rio), . . . 2 oz.
Acidi phosphorici dil., . . 1 oz.
M. Sig.: Teaspoonful four times daily.

Charles A. Riley, M.D., Rockville, Mo., says: Some time since I had occasion to treat one of the worst cases of chronic alcoholism that ever came under my observation.

Patient, man, aged 24, had been a constant drinker for several years, interspersed by occasional sprees, and during one of these I was called to treat him. After giving him medicine to arouse his liver to proper action, I commenced giving him tablespoonful doses of Celerina (Rio Chem. Co.) every four hours. He begged for whisky until he got under the influence of Celerina, which was only a few doses; after that he quieted down, and the terrible appetite for, and influence of whisky began to subside. In about eight days he resumed his place in business, and ever since he has had no appetite for whisky, and no bad results in any form. I do not think it can be equalled as a remedy in any case where it is is indicated.

It is a matter of fact that many healthy men and women to-day owe it to the faithful use of the Hypophosphites of Lime and Soda that they did not die of consumption years ago. See the excellent advertisement of McArthur's Syrup on page 2 of this issue, and follow the excellent advice therein contained.

The report of the New York Analyst of Drugs shows that the chances for getting drugs of good quality on prescription is 43.8 per cent.; fair, 17.4; inferior, 26.0; not as called for, 11.6; excessive strength, 1.2.—*Times and Register*, Philadelphia, December 7, 1889.

Chronic Syphilitic Salivation.

A. W. Furber, M.D., L.R.C.S. and L.D.S., says: I have for a long time had a (gentleman) patient under my care for disease of the teeth, and although my operations progressed favorably, I had many difficulties to contend with. The whole of my patient's teeth appeared to have a syphilitic taint, and with increased flow of saliva amounting to chronic salivation. These were not the only troubles I had to surmount; but that which retarded my work most was the repeated recurrence of syphilitic ulcers of the sulcus and gums generally, which, though not painful to my patient, was still a source of considerable discomfort and militated greatly against the success of my operations. Iodia having come under my notice, I was inclined to give it a trial, and, with the addition of a small proportion of liq. hydrarg. bichlor., taken daily before meals for a time,—also used occasionally, as a mouth-wash,—the salivation became normal, the mucous membrane assumed a more healthy state, and the teeth generally looked like coming back to their original color.

80 Fortress Road, London, N. W.

Hysterionica Baylahuen.

A remedy for diarrhœa and dysentery, acute and chronic.

Parke, Davis & Co., announce that they have obtained genuine supplies of this promising plant, and are prepared to furnish samples to physicians of a fluid extract for further trial.

This plant, which is a native of Chili, has been brought forward in the February 28th number of the Bulletin General Therapeutique by Dr. Baille, and also before him by Carvallo, of Valparaiso, as a remedy of very considerable value in gastro-intestinal troubles, such as dysentery, colitis, and flatulence from intestinal dyspepsia.

The conclusions reached by Baille as to the drug are as follows, after having studied it in each portion of the body *seriatim*: "It is an excellent remedy for diarrhœa, and acts very well in dysentery of the acute and chronic type, and bids fair to replace the balsams in the treatment of maladies of the respiratory passages.

"In genito-urinary troubles hysterionica is of great value, favorably modifying the secretion of the urine and diminishing the bad odors. It can also be used in collodion as a dressing for ulcers, and seems under these circumstances to act very much like the tincture of benzoin."